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Problem Solving in Latino Families

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PROBLEM SOLVING IN LATINO FAMILIES

by

Eliza Torres

A dissertation proposal submitted in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Psychology

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UTAH STATE UNIVERSITY
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ABSTRACT

Problem Solving in Latino Families

by

Eliza Torres, Doctor of Philosophy

Utah State University, 2012

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Department: Psychology

This study examined parent engagement, child engagement, and quality of problem solving in a sample of families engaged in a trial of parent management training intervention. Data were collected for treatment and control groups at preintervention and 2, 4, and 6 months after the initial assessment. Variables in this study were measured utilizing a global coding scheme used to categorize parent-child behavioral observations. The coding scheme was developed by Forgatch, Knutson, and Mayne. Preliminary analyses led to scale changes due to lack of variance in observations. Results show that treatment group showed a gain in problem solving skills at T2; however those gains were not retained at T3. There was a gain between T3 and T4. The control group showed an increase at T4 from baseline in problem solving skills. Both parent and child engagement decreased for both groups, with the lowest time point occurring at T3.

(122 pages)
The purpose of this dissertation is to learn if the quality of problem solving, parent engagement, and child engagement improve as a result of participating in a parenting intervention. The quality of problem solving was coded by independent observers watching a 5-minute videotaped task. Parent and child engagement were also coded by an observer and were evident in behaviors such as making eye contact, using good social skills, using humor, minimizing problems, and showing empathy were also rated by individual coders who were blinded to treatment/control groups. Each parent-child pair had a total of three scores, one for each variable of interest.

The participants of this study were involved in a larger study that aimed at culturally adapting a parenting intervention for Latinos and funded by a NIMH K01 award. Participants for the parent study were recruited through local community leaders, word of mouth, and flyers. All participants were of Latino descent. There were a total of six cohorts that participated in this study. For the purpose of the current study, all cohorts were combined into one sample. Results showed that there was no gain in problem solving skills, child engagement, or parental engagement from participating in the intervention group. These skills were taught in the intervention via modeling. The results suggest that to shift parents’ skills and improve parent and child engagement in problem solving, treatment providers likely have to teach these skills directly.
ACKNOWLEDGMENTS

For my wonderful parents who believed in me, supported me, and loved me unconditionally through this journey, this is for you. To my amazing mother, my angel, thank you for lending me your wings when I needed to fly. I miss your smile, your laughter, and your kind heart every day. To my hard working father who encouraged me every day, wiped my tears, held my hand when things got scary, and reassured me when I had doubt…you can let go now daddy. Thank you for always seeing the good in me, when I no longer could. I would like to thank my brother, Rene, and my sister, Belinda, for their continued support. Rene, you paved the way for success and showed me that through hard work and perseverance, anything was possible. I love you. To my sister, my best friend, if anyone knows me better than I know myself, it is you. You have seen me hit rock bottom and helped me up. Through the good times and the bad times, I never felt alone knowing that I always had you to lean on. You are my rock and everything that was great about mom I see in you. I would like to thank the chair of my dissertation, Melanie Domenech Rodriguez, Ph.D. Thank you for believing in me these past 6 years. You have always been and will continue to be an inspiration to me. Finally, I would like to take this time to acknowledge my entire dissertation committee for all their hard work and time put into this project. Thank you!

Eliza Torres
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CHAPTER I
INTRODUCTION

One of the keys to successful family functioning is the family’s ability to solve problems. A problem can vary tremendously in range, intensity, and frequency depending on the individual and the environment (D’Zurrilla, Nezu, & Maydeu-Olivarez, 2004; Sternberg, 1994). Some problems involve everyday decisions while other problems are concerned with a family member’s feelings and emotions. Some problems may involve both. Nonetheless, there are numerous ways an individual deals with conflict. Three common reactions to conflict include flight, fight, or constructive problem solving (Vuchinich, 1999). The flight reaction could be seen as an avoidance of problems and stress. The fight reaction entails acts of aggression. Rarely, are problems solved by these two reactions and ultimately may cause others. In Vuchinich’s constructive problem solving concept, people attempt to solve problems through “negotiation, collaboration, compromise, or other positive actions.” It is important for families to find an effective way to achieve resolution when family problems are encountered due to the long term relationships that are inevitable in families.

Two distinct patterns have been identified as influencing family functioning in the realm of family problem solving: negotiation and avoidance (Vuchinich & Angelelli, 1995). Many researchers have attempted to define family problem solving. Some definitions are focused on outcomes. D’Zurrilla and colleagues (2004) defined problem solving as the way an “individual, couple, or group” (p. 12) finds effective solutions to everyday life problems. They defined interpersonal problem solving as a cognitive
process with a goal of finding a solution that all can be in accordance with (D’Zurrilla et al., 2004). Epstein, Bishop, Ryan, Miller, and Keitner (1993) defined problem solving as the family’s ability to come to a resolution on a level that maintains effective family functioning. Others have process-oriented definitions. Tallman (1993) defined family problem solving as a process that involves decision-making and choosing between multiple courses of action in an attempt to find a resolution. Rettig (1993) identified family problem solving as a three-stage process including awareness of an existing problem, deciding on a solution, and implementing the solution. Reuter and Conger (1995) defined family problem-solving interaction as the behavior exhibited by family members when engaging in problem solving. Others have blended process and outcomes. Miller, Lefcourt, Holmes, Ware, and Saleh (1986) conceptualized problem-solving effectiveness as the quality of solution, individual satisfaction with the solution, ability to recognize and comprehend another individual’s point of view, and agreement with the chosen solution.

In all definitions family problem solving is integral to favorable outcomes in troubled families (Costigan, Floyd, Harter, & McClintock, 1997). Conflicts within families and the accompanying stress are inevitable; however, their well being is ultimately determined by what they accomplish despite these obstacles. Families with a healthy pre-existing problem solving process are better equipped to find a resolution. It is crucial for families who are repeatedly unsuccessful at resolving problems to implement a problem-solving process. Research has shown that deficiencies in family problem-solving skills are associated with increased development and persistence of family conflict (Reid,
Rotering, & Fortune 1989; Sayger, Horne, Walker, & Passmore, 1988). Families who are able to implement effective problem solving skills when a difficulty arises are better equipped to handle conflicts and resolve them successfully.

Research has shown that family problem solving skills are vital for the development of a child’s interpersonal and conflict resolution skills (Whittaker & Bry, 1991). A child who does not possess these skills may develop internalizing (Davila & Beck, 2002) and externalizing disorders including conduct disorders (Sanders, Dadds, Johnston, & Cash, 1992) such as delinquency (Borduin, Henggeler, Hanson, & Pruitt, 1985; Krinsley & Bry, 1991), noncompliance (Fehrenbach & Peterson, 1989), and lower psychosocial competence (Leaper et al., 1989). If parents are able to teach effective problem solving skills to their children, they in turn help promote resiliency which is crucial for a child’s development (Semeniuk et al., 2010; Van Doorn, Branje, & Meeus, 2007; Vuchinich, 1999). It is important to give parents and their children the skills needed to combat the rise of conflict that usually occurs when children are developing into adolescents (Semeniuk et al., 2010). Although conflicts usually begin with everyday problems such as chores, homework, and curfew, they have the potential to lead to more serious conduct problems such as smoking and alcohol usage (Riesch, Bush, & Nelson, 2000; Viikinsalo, Crawford, & Kimbrel, 2005). These conflicts can be detrimental to the parent-child relationship (Herman, Ostrander, & Tucker, 2007; Patterson & Forgatch, 1985). Currently, there are no known studies documenting the improvement, or lack thereof, of problem-solving skills in Latino families in conjunction with parent training models that consider problem solving a core component of their intervention. Studies
presented in the literature review of this dissertation focus on overall parent-training intervention outcomes. It is important to note that unless otherwise stated, studies presented were primarily conducted with European American families.

Problem solving is an integral part of parenting interventions for young children. Yet the available evidence showing the impact of specific ingredients, such as problem solving in parenting interventions is limited, especially for young children and Latino families. Although some advances have been made in recent years pertaining to parenting interventions with Latino families (Zayas, Borrego, & Domenech Rodríguez, 2008), it is essential that parenting interventions as well as specific ingredients in parenting interventions geared toward Latinos be evaluated. Parent Management Training-Oregon (PMTO), which was developed at the Oregon Social Learning Center by Marion Forgatch and colleagues, Parent Child Interaction Therapy developed by Sheila Eyberg, and The Incredible Years developed by Carolyn Webster-Stratton are all relevant for working with Latino families as proven by research that supports their efficacy and effectiveness with culturally diverse samples (Zayas et al., 2008). However, there is no known research examining problem solving, specifically, with Latino families. Problem solving is one component of parenting intervention programs that is considered to be an important factor in the role towards positive change and outcomes in children who are the products of a poor environment and maladaptive families. In PMTO it is considered one of the five core parenting practices that leads to improvements in child outcomes (Patterson, Forgatch, & DeGarmo, 2010).

According to Weiss, Catron, Harris, and Phung (1999), Latino children are at
particular risk for developing internalizing and externalizing problems. Weiss and colleagues ascertained that Latinos encounter particular barriers such as lower family incomes and difficulties with the acculturation process which can produce problems in the family structure and lead to negative family outcomes. These negative outcomes are precursors to poor child adjustment and social competence which can have a significant impact during their adolescent and adult years. It is essential for parents to have the skills required to teach their children appropriate problem solving skills during family interactions which pave the way for positive interactions outside of the home environment and help promote resiliency. Because family interactions have such an enormous effect on the early experiences of a child and can help build resiliency for future situations, it is important that we focus on prevention/intervention methods such as problem solving skills to thwart unnecessary conflict in the household which can have detrimental effects on a child. In order to better understand the importance of problem solving in family processes, the present research will focus on the relationship between parent and child engagement and its effect on the quality of the problem solving process. The aim of this study was to find out if the quality of problem solving, parent engagement, and child engagement improved immediately (T2) as a response to a parenting intervention that was culturally adapted for use with Latinos and if these gains of outcomes were retained over time (T3, T4). It is important to note that this project was interested in seeing a change in behavior from parents and their children as a reaction to a parenting intervention in order to improve the quality of problem solving. The intervention, *Criando con Amor: Promoviendo Armonía y Superación*, is an 8-session
preventive PMTO intervention (Domenech Rodríguez, 2008; Domenech Rodríguez, Baumann, & Schwartz, 2011). Although problem solving is a core positive parenting practices within PMTO, CAPAS did not target it directly in this eight-session version.
CHAPTER II
LITERATURE REVIEW

This chapter will present the literature review in four areas: (a) the root of family problem solving, (b) Latinos and the role of culture in problem solving, (c) family conflict and problem solving, (d) problem solving findings, and (e) theoretical foundation of parenting interventions.

The Root of Family Problem Solving

Family problem solving emerged in the scholarly literature about three decades ago and was conceived by sociologists and behavioral scientists. Most families solve their problems but are not open about their tactics leading to a scarcity in terms of describing the family problem solving process (Vuchinich, 1999). A definition of family problem solving depends on how one defines family problems. According to Vuchinich, “Family problems are conditions that block the attainment of individual or family goals” (p. 11) that may include “behaviors, rules, expectations, attitudes, relationships, social structure, action patterns, or circumstances external to the family” (p. 11). The removal of these underlying causes is the root of family problem solving. A family problem solving approach needs to be flexible between families, individuals, cultures and circumstances. The work of John Dewey and Alfred Adler, two of the most influential psychologists of family problem in its formative years, led to the acceptance of family problem solving as an important interaction that led to further exploration.
Dewey, Thinking, and Problem Solving

At the turn of the twentieth century, Dewey wrote on extensive topics which included problem solving. Dewey wanted to understand the thought processes at an individual level and as a result derived the first systematic explanation of human problem solving. Although Dewey’s research was focused on individuals, his theory paved the way for future research on family problem solving. Specifically, Dewey maintained that problem solving proceeded through a series of phases (Dewey, 1910/1982): Define the problem, generate alternative possible solutions, evaluate the alternative solutions, select one solution to implement, and adjust the solution if necessary (cf., Lipshitz, Levy, & Orchen, 2006). Dewey presented the stages of problem solving as a systematic approach in which an individual analyzes the cost and benefits of each possible solution and chooses the most rewarding. He viewed this systematic approach as a rational way of thinking.

Dewey’s (1938) definition of a problem was an “imbalance in organic environmental interaction.” His position of an individual’s problem solving approach to a problem is important to the research on family problem solving for three reasons: (a) there are important emotional and physiological effects tied with conflict and conflict resolution that accompany family problem solving; (b) the inability of individual family members to define or recognize a problem when it exists hampers problem solving for the entire family, and (c) the disruption that can occur between the family members, family entity, and surrounding environment when a problem goes unresolved (Leik, 1963; Reiss, 1981; Straus, 1968). Within the family setting, each family member is an important part
of the environment. The ability to handle conflicts appropriately and resolve problematic issues within the family is an important dimension of family functioning (Van Doorn et al., 2007).

Dewey’s work in *How We Think* (1910/1982) was an instructional tool used by educators in schools to teach individuals and families how to successfully solve problems. His work continues to be implemented in classrooms in the 21st century (Sherwood & Freshwater, 2009; Uygun, 2008). Dewey was not just interested in what problems are and how people try to solve them but was also interested in improving the human condition by teaching people how to solve their problems. The three prevention/intervention parent-training programs previously mentioned share Dewey’s beliefs on the importance of having good problem solving skills to promote healthy family systems. At the same time Dewey was developing his model, Alfred Adler was setting the stage to become one of three founding figures of psychology along with Freud and Jung.

**Alfred Adler, Problem Solving, and Encouragement**

Alfred Adler is known to psychologists around the world as the founder of individual psychology. He emphasized childhood as an important period in time in which one develops personality traits that could lead to tendencies towards future psychopathology. He noted that the prevention of a personality disorder could be accomplished by treating children as an equal member of the family which in turn helps them develop an appropriate balance of power (Bitter, 2009; Ferguson, 2010). Adler considered both sides of the spectrum and believed that pampering, neglect, and the
feeling of inequality would lead to detrimental outcomes in children such as inferiority or superiority complexes (Dreikurs, Cassel, & Ferguson, 2004; Dreikurs & Soltz, 1964/1990, 2006). Adlerians have long been supporters of parenting education programs.

At the heart of Adlerian psychotherapy is the process of encouragement. Encouragement is believed to promote a positive parent-child relationship and create a family culture consisting of cooperation and contribution (Evans, 1989; Ferguson, 2010). Mullis (1999) reviewed the effects of two Adlerian parenting education programs, *Active Parenting Today* and *Acting Parenting of Teens*. Topics of focus included concepts such as social interest, encouragement, communication skills, and natural consequences (Mullis, 1999). Parents in both groups answered a questionnaire that was used as an indication as to whether or not they were applying the concepts being taught to them. Results suggested that parents viewed their child’s behavior as more responsible after the parenting education program. It is unclear whether their child’s behavior actually improved as behavioral observations were not used, or if a parent’s tolerance to nonideal behavior merely increased (Mullis, 1999).

The next section will serve to explain the adverse conditions that Latino families are faced with posing negative consequences on child outcomes and the cultural values that often serve to promote resiliency in children.

**Latinos and the Role of Culture in Problem Solving**

Research has found that positive parenting abilities are often affected by a range of stressors that parents encounter, which in turn leads to negative consequences for their
children (McLoyd, 1998). Although social and economic stressors affect children across ethnic and cultural groups, ethnic minority children are particularly impacted (Guerra & Phillips-Smith, 2005). According to the 2010 US Census, 33% of Latino children under the age of 18 live in poverty. Furthermore, they are exposed to adverse conditions such as unsafe neighborhoods, discrimination, language barriers, overcrowded living conditions, and parents working multiple jobs (Hernandez, 2004; Proctor & Dalaker, 2002; Shields & Behrman, 2004). The 2010 U.S. Census also states that Latino Americans accounted for almost half of the national population growth between 2005 and 2006. This large scale growth is largely accounted for by immigration from Mexico. In the years to come, immigrants from Mexico and their U.S. born descendants are expected to increase the U.S. population more than other ethnic groups. When working with Latino families, it is important to take into consideration those barriers that Latinos encounter as well as cultural values. It is important for the interventionist to be familiar with Latino cultural values in order for them to have an understanding of important challenges in engagement, retention, and treatment outcomes (Dumas, Arriaga, Moreland, Begle, & Longoria, 2010; Lau, 2006). Cultural values influence patterns of presentation, reporting of symptoms, and receiving help (Smith, Domenech Rodriguez, & Bernal, 2011). It is also extremely important for the clinician to be aware of his own stereotypes/biases that may affect the therapy relationship when working with patients of a different culture (American Psychological Association Task Force [APA], 2006; Sue, Zane, Hall & Berger, 2009; Whaley & Davis, 2007).
Cultural Values

In the *Handbook of Parenting, Volume 4* (Bornstein, 2002) respeto and familismo were presented as two values central to parenting in the Latino culture. Respeto can be defined as the respect that is given to parents and elders. Familismo can be defined as the closeness of not only the immediate family but the extended family as well. Furthermore, in the Latino culture the family needs often come before the individual’s needs (Antshel, 2002). Donovick (2010) noted that these cultural values influence parenting practices and are fundamental to the way parents socialize their children as well as help to promote positive interactions within the family and extended family. Because of the importance of family in the Latino culture, family characteristics may be particularly important in promoting resilience for Latino children growing up under conditions of adversity (Deng et al., 2006; Miranda, Estrada, & Firpo-Jimenez, 2000). Placing the family before one’s own needs in the Latino culture (Sarkisian, Gerena, & Gerstel, 2006), has been found to serve as a protective factor for children and adolescents. Research shows that cohesion in the family is positively correlated to the physical, emotional, and educational well-being among children and adolescents and to lower levels of internalizing and externalizing behaviors in adolescents (Tolan, Gormán-Smith, Huesmann, & Zelli, 1997). Parenting skills have also been linked to adjustment for Latino children, with harsh parenting predicting higher levels of child emotional and behavioral problems (Parker et al., 2004) and positive parenting predicting increased levels of adjustment (Domenech Rodriguez, Donovick, & Crowley, 2009; Dumka, Roosa, & Jackson, 1997).

As a novel researcher, part of the reason for this study was to look at one specific
component of a parent training intervention, problem solving. One might wonder how parent training is relevant to Latino cultural values. Cardona, Nicholson, and Fox (2000) found that Latina mothers reported a greater use of corporal punishment. This is consistent with other findings that suggest that Latino parents use corporal punishments (Zayas & Solari, 1994) and are more authoritarian (Zayas, 1992). Domenech Rodríguez and colleagues (2009) conducted a study with 50 Latino families in which parenting styles of Latinos were examined. They found that roughly one third of the families fit into the traditional four parenting styles: authoritative, authoritarian, permissive, and neglectful. The Latinos in their sample scored high on demandingness and warmth, and low to moderate on autonomy granting. Based on these results, they suggested that parent training interventions are appropriate for Latinos. However they also found that father and mothers alike exhibited different levels of autonomy granting and demandingness for male and female children suggesting that cultural expectations that are placed on male and female children may be important to address in an intervention.

Parent training interventions that focus on the parent-child relationship tend to fit with the familismo value present in Latino families. According to Borrego, Anhalt, Terao, and Urquiza (2006), the value placed on loyalty and commitment within family members, is vital in parent-child interactions. Additionally, they pointed out that the Latino value of respeto, which emphasizes respect of authority figures, falls in line with the emphasis of discipline and compliance which are active components of most parent training interventions.

Although there are some studies focusing on positive parenting, child well-being,
and social competence among Latinos, there are still relatively few studies that are focused on children from recent immigrant families (Borrego et al., 2006; Dumas et al., 2010; Martinez & Eddy, 2005). Most of these researchers have all concluded that there continues to be a gap in the mental health literature regarding appropriate and effective interventions with this group, although it is slowly improving.

Child adjustment involves not only the absence of problems, but also the presence of competencies. Guerra and Bradshaw (2008) outlined a set of core competencies that characterize key attributes of well-adjusted children and youth. These include (a) positive sense of self; (b) self-control; (c) social problem-solving skills; (d) moral system of belief; and (e) social connectedness. Research suggests that these social-emotional competencies play an important role in the development of resilient youth and help children and adolescents combat risks they may face as young adults (Bradshaw, O’Brennan, McNeely, Guerra, & Bradshaw, 2008). These competencies, including good problem solving skills are taught to children in their homes by their care-givers.

Needless to say, the APA (2006) has requested that evidence-based treatments take into account cultural values when working with individuals. Researchers have questioned the appropriateness of using evidence-based treatments that have primarily focused on a White American population, such as parent training (PT) with ethnic minorities (Bernal, Jimenez-Chafey, & Domenech Rodriguez, 2009). Research suggests that when it comes to parenting practices that are often the focus of PT models, more often than not, the amount of similarities that can be found across ethnic groups is greater than the amount of differences (Julian, McKenry, & McKelvey, 1994; McDade, 1995;
Although parent-training programs have been found to produce significant positive outcomes when delivered to culturally diverse samples (Dumas et al., 2010; Martinez & Eddy, 2005; Reid, Webster-Stratton, & Hammond, 2007; Zayas et al., 2008), this study intends to focus on a specific parent training component (problem solving) with a sample that has frequently been ignored in the past, Latino families.

The Center for the Improvement of Child Caring (CICC) conducted extensive research with Latino Americans about their childrearing beliefs, attitudes, practices, and worldviews. The results showed that parents considered raising children to be *bien educados* as the most important child rearing value (Alvy, 1994). The findings of this study were used to help shape the parent-training program that the CICC was creating for Latino families. *Buena educación* was chosen as the programs central theme and incorporated into the title of the parent-training program: *Los Niños Bien Educados*. This program was the first culturally adapted parent-training program for use with Latino Americans. *Los Niños Bien Educados* was culturally adapted from the behaviorally based Confident Parenting Program.

**Family Roles and Acculturation**

The CICC addressed two important issues that are central to the Latino culture: family roles and acculturation. More specifically, they focused on the family roles between men and women, boys and girls. Although gender roles change as the family becomes more acculturated to the main stream culture, machismo and marianismo still play an important role in the Latino culture. Machismo refers to the masculinity in a man
that incorporates attributes such as physical strength, courage, and domination over women (De Rios, 2001). Furthermore, men are to provide for and protect their family (Falicov, 1998). Marianismo refers to a woman who is pure, holds high morals, is submissive, and responsible for running the household and caring for the children (Bean, Perry, & Bedell, 2001). Although these gender roles still exist, they are likely to be more evident in low-income families (Vega, 1990).

Ramirez and Castañeda (1974) described family roles as developing from the community in which a family resides. They found that in small rural communities, status and roles are defined based on age and sex, with males and elders being dominant and females being subordinate. In this environment, socialization emphasizes respeto, being bien educados, and the behavior of adults. In urban communities, peers are thought to have more of an impression on children than adults. A major implication that these sex roles have on child rearing is the difference in expectations for boys and girls. The degree of traditionalism in the home and the community is very likely to affect traditional expectations for Latino girls. Nonetheless, these gender roles are a very sensitive and controversial topic, as the roots of these traditions are deep in Latino cultures; and often result in cultural practices that prevent females from fulfilling their true potential (Alvy, 1994). Nonetheless it is an important issue that needs to be brought out into the open when working with parents in the parent education process.

According to researchers (e.g., Padilla, 2006; Sodowsky & Maestas, 2000) acculturation is the process that occurs when two or more cultures come into contact with one another. New immigrants who come to the United States must learn to balance their
cultural traditions with those of the majority population (Cabrera & Garcia-Coll, 2004). Currently, the United States is experiencing the largest migration of people in its history (Suarez-Orozco & Suarez-Orozco, 2001). According to information provided by the U.S. Census Bureau (2010), immigration from Latin American countries is responsible for the growth. More specifically, 53% of all foreign born residents in the U.S. immigrated from Latin America.

Acculturation plays a significant role in the Latino parent-child dyad and has been proposed as a multidimensional process by that includes the integration of “practices, values, and identifications” of one’s heritage with those of the new culture to which the individual is being exposed (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Youths and adolescents tend to acculturate more to the individualistic society as they have not had the same amount of exposure to the collectivistic culture that their parents have, which in turn seems to undermine respect of authority figures including their parents (Martinez & Eddy, 2005). This has the possibility of having detrimental effects on the parent-child relationship, as respeto is highly valued in Latino families. Because the parent-child relationship is so important in shaping child outcomes, the need for problem solving skills in order to deal with conflicts such as these as they arise, is vital to this population.

The PT intervention model used in this study was also culturally adapted for use with Mexican-American families along the eight dimensions of the ecological validity model (Domenech Rodriguez et al., 2011). For example, dichos or popular sayings were incorporated into the intervention, cultural values such as respeto and culturally based
parenting goals such as *buena educación* were integrated into the goals of the intervention, and skills such as limit setting were reframed as a way for parents to help their children reach these goals (Domenech Rodríguez et al., 2011). Specific cultural themes and values should be incorporated into a culturally adapted version of a parent-training program. A study is needed on specific Latino parent-child interaction patterns that change as a result of going through a parenting intervention (Zayas et al., 2008) geared at Latinos.

The present study will contribute to the literature by focusing on behaviors that parent and child engage in when attempting to solve a problem using observational data for pre and post assessments. Although some studies (e.g., Borrego et al., 2006; Reid, Webster-Stratton, & Beauchaine, 2001) use observational data as an outcome measure, most studies have relied on self-report measures from the parents. More specifically, the present study will look at parent/child engagement during a problem solving task to see if the quality of problem solving improves through participation in an intervention that focuses on Latino child outcomes by comparing intervention and control groups.

The next section of the literature review will provide the reader with different models of problem solving that have been identified as prominent models in the literature.

**Family Conflict and Problem Solving**

Conflict between family members and within families is a normal everyday process. There are families who are able to handle these conflicts successfully and others
who are not so fortunate. The inability to resolve conflicts or problems successfully can have detrimental effects on family members. It is vital for family members to have the necessary problem solving skills required to produce a solution which benefits all involved.

Although variations of the family problem solving model exist, most models are based on multiple phases that families must go through in order to resolve problems. This problem solving process dates back to Dewey’s rational model of problem solving (Kieren, Maguire, & Hurlbut, 1996; Klein & Hill, 1979). Although there has been debate on the relevance of Dewey’s individual rational problem solving phases informing the phases of family problem solving due to contextual variables found in families such as conflict, influence from the environment, and alliances between family members, they are relevant in the sense that families are made up of individuals (Vuchinich, 1999). Since Dewey, many researchers have presented varying forms of the problem solving phases (Lipshitz et al., 2006).

The rational problem solving model focuses on certain requirements needed for altering a family’s dynamics. It has been used to describe the way well-adjusted families solve their problems and as a basis for treatment for use with troubled families and children. This model helps promote positive problem solving in families in four different ways (Vuchinich, 1999). First, it encourages open discussion which allows for the discovery of flaws in the family system. Second, family problem solving assumes that change is necessary for family adjustment. Third, a prominent feature of the rational problem solving model is the generation of alternative solutions necessary for a family
system to adapt to ongoing change that occurs naturally within the environment. Fourth, the model stresses the importance of having a plan in place for the solution to be carried out followed by a test to check on the effectiveness of the solution (Vuchinich, 1999).

The goal of the problem solving process is to teach families who have difficulties communicating effectively with one other to use the rational model in order to solve problems successfully. Researchers have looked at problem solving skills under the broader context of social skills which are interchangeable. Furthermore, the focus of research is usually on the outcome of the problem solving task or quality of the solution also known defined in the research as the resolution of conflict. The next section will focus on problem solving findings in the literature. Studies that specifically looked at problem solving outcomes as well as studies involving parent training interventions that considered problem solving to be a core parenting practice will be presented.

**Problem-Solving Findings**

Tallman (1961) was one of the first researchers to emphasize the importance of problem solving skills in the parent-child relationship. He concluded that parents who utilize effective problem solving skills are likely to have children who are better able to adjust to new situations and environments. Since then, developmental psychologists have come to view the parent-child relationship and the problem solving skills that they use as a critical component in the development of social competence in children (Vuchinich, 1999). Research continues to show that problem solving skills and conflict resolution is vital to family functioning and the parent-child relationship (Strauss,
Hamby, Boney-McCoy, & Sugarman, 1996; Van Doorn et al., 2007).

Spivack and Shure’s work in the mid to late 20th century looked at the way interpersonal problem solving skills factor into a child’s social development. According to Vuchinich (1999), their research focused on the way children dealt with interpersonal problems and their ability to generate solutions. More specifically, they looked at interpersonal problem solving skills in aggressive children. What they found was that children who were more aggressive tended to think more negatively about others in social situations; and hence, came up with more aggressive forms of problem solving solutions than children who were not aggressive (Shure & Spivack 1991).

Yeates, Schultz, and Selman (1991) took this research and added to it by stating that although problem solving contributed to social competence, this was only part of the process. They concluded that both behaviors and cognitions are used in the interaction process between an individual and others in their environment. Furthermore, they reference Piaget and Kohlberg’s developmental stages of moral and social development in describing their four levels of interpersonal negotiation strategies. The levels are: impulsive level (level 0), unilateral (level 1), reciprocal (level 2), and collaborative (level 3). It wasn’t much later that researchers began to associate the role of parenting and contextual factors in the family to specific patterns of behavior in children.

Much of the available literature examining family problem solving and parent and child outcomes has focused on adolescents. This may be due to the acknowledgement from researchers that as youth progress into adolescence, conflicts with parents rise (Semeniuk et al., 2010). Researchers have looked at the relationship between problem
solving in families and adolescent adjustment. More specifically, they have investigated
the impact of negative affect in the parent-adolescent relationship and the effect it has on
the problem solving outcome. These studies have found that hostility between the parent
and adolescent during the problem solving process leads to poor quality solution and
ineffectiveness (Semeniuk et al., 2010). This persistent inability to effectively resolve
everyday problems due to the normal stressors of life has the potential to cause
significant destruction to the family, family relationships, and in turn to individual family
members (Coyne & Downey, 1991; Forgatch, 1989; Reuter & Conger, 1995). “The
ability to reason, negotiate, and resolve conflicts is an important dimension of family
functioning and parent-child communication” (Semeniuk et al., 2010, p. 392).

In a cross-sectional study, Forgatch (1989) conducted a study with male children
in the 4th, 7th, or 10th grade and their parents. Ninety-nine percent of the boys were White
American. The study consisted of 125 two-parent families. Forgatch observed the
interaction of parents and their adolescent sons during a problem solving task. Results
showed that hostility exhibited during the family problem solving process affected the
problem solving outcome negatively. More specifically, she suggested that hostile
comments instigated by the adolescent males towards the parent and vice versa during
discussion of the problem strongly affected the outcome of the problem solving process.
Based on these results, she hinted at the idea that the hostility observed during the
problem solving process may be a learned style of interaction which can be difficult to
change at this stage for both the parent and the adolescent. It might prove beneficial for
all involved to target problem solving skills pre-adolescence when children are more
McCulloch, Gilbert, and Johnson (1990) compared problem solving in 21 families who had an aggressive versus nonaggressive 12- to 14-year-old boy. Ten were aggressive males and 11 were nonaggressive males. All families that participated had two caregivers in the home with at least one being the biological parent. They found that aggression and negativity during the problem solving process lead to ineffective problem solving and hence ineffective solutions. Furthermore, they noticed that families who had an aggressive son were less focused on the problem, exhibited poorer listening skills, and were less likely to agree on a solution compared to families with a nonaggressive male.

Reuter and Conger (1995) conducted a study that included 451 White American middle and lower-middle-class rural families. Families consisted of two parents, one seventh grader and a sibling within four years of age of the seventh grader. The families were given some time to discuss issues that the family was having problems with and then were asked to choose the three issues that proved to be most problematic with the family. The family was videotaped as they engaged in discussion attempting to find a resolution to the problems. After the problem solving task, family members filled out a questionnaire that measured family problem solving effectiveness. An observer then coded the family’s style of interaction as well as individual characteristics. They proposed that an individual’s characteristic style of interaction would be predictive of problem solving behavior and family problem solving effectiveness. They tested their hypothesis on two-parent families and adolescent boys and girls ($M$ age = 12.7 years)
using both warm and hostile interaction styles. Results further supported previous research which found that hostile, negative interaction styles interfere with quality of problem solving; however, their results also showed that warm, supportive styles were not necessarily predictive of greater problem solving effectiveness. This suggests that specific problem-solving skills are needed in addition to emotional regulation.

These studies show that hostile and aggressive behaviors in adolescents make it difficult for them and for family members to effectively solve problems. McCulloch and colleagues (1990) suggested that the discussion of a salient problem may be more beneficial and provide greater information regarding the interaction that occurs during family problem solving rather than discussing a hypothetical problem. While past research has largely been based on smaller sample sizes (Krokoff, 1987; Sorrels & Meyers, 1983) and focused more on affective states such as anger and warmth, Reuter and Conger (1995) recommended that researchers look beyond these affective states and take a closer look at the behaviors associated with these affective states. Although our sample size only included 87 families, data was collected at four different time points giving us the capability to look at the behaviors that parents and children engaged in while discussing a salient problem across time. Our prediction was that treatment families would show an improvement in all three variables in comparison to the control group.

A recent study (Semeniuk et al., 2010) investigated the effectiveness of the Strengthening Families Program (SFP) 10-12 in improving problem-solving skills in parents and their pre-adolescent child. Problem solving effectiveness was based on
observation using the Iowa Family Interaction Rating Scale (IFIRS) created by Melby and Conger (1999) and a self-report survey. A total of 57 families (34 in the treatment group) participated in the study and data were gathered at three different time points (T1 = intake; T2 = immediately following the completion of the intervention; T3 = 6 months post intervention). The sample of children and adults who participated was predominantly White American (75% of children and 73% of adults); 15% were Black American, and 3% of children and 7% of adults were Latino. Other ethnic groups included in the study were equivalent to 3% or less. Ninety percent of adults that participated were women, while gender of the youth was roughly equivalent (i.e., 55% male participants). Children in the fifth grade were targeted. Four different interaction styles were examined: hostile, negative, positive and problem solving effectiveness. These researchers hypothesized that families who participated in the intervention group would have lower mean scores on indicators of hostile and negative interactions than the control group for both parent and child. They also proposed the intervention group would have higher mean scores than the control group on indicators of positive interactions and problem solving effectiveness at T2 and T3. The results showed that youth hostility did decrease at T3 for the intervention group; however, parent hostility increased at T3 in contrast to what they believed would happen. There was no statistically significant difference between the intervention and control group regarding the negative interaction scale at T2 or T3. In regards to the positive interaction scale, they found that parents who had participated in the intervention had a lower mean score than those who did not participate. Lastly, they found that there was no statistically significant difference between the parents and youth who participated
in the intervention and those who did not in regards to the problem solving effectiveness interaction. These results are surprising given that the SFP 10-14 directly targets problem solving skills in the both the parent and child individually and as a family.

The next section will present problem solving outcomes within the context of parent training interventions. Although most parent training interventions consider problem solving skills as a core component, not all parent-training programs teach these skills. This section will present results from interventions that taught problem solving skills and those that did not.

DeRosier and Gilliom (2006) conducted a study on the effectiveness of a Parent-training program for improving children’s social skills. There were 42 families who participated that were randomly assigned to three groups. Their intervention was titled the Parent Guide for Social Skills Group Intervention (S.S.GRIN-PG) which was modeled after the Social Skills Group Intervention (S.S.GRIN; DeRosier, 2002), an evidence-based treatment for children ages 6-12. In order to measure the impact of the S.S.GRIN-PG, participants were split into three different groups. One group comprised of only the S.S. GRIN-PG; which when not given in conjunction with the S.S. GRIN (child component), is equivalent to that of a behaviorally based parent-training program for children with conduct problems (McMahon & Forehand, 2003). Another group incorporated both the S. S. GRIN-PG and the S. S. GRIN, and the last group received no treatment. The final sample of the children consisted of 93 % White American, 7% Black American with an average age of 9.5 years; 59% were male. Mothers were the main participants (79%) with ages ranging from 32 to 48 years. Treatment groups received ten
50-minute group sessions during consecutive weeks. Parents participated in one of two parent groups, and children participated in one of five groups. In the parent groups, they were taught about the importance of social skills in peer relationships and were then taught how to teach and reinforce these skills at home. In the child groups, leaders presented and modeled new skills and then provided feedback as children interacted in role plays and other hands on activities. The author’s hypothesized participation in S.S.GRIN-PG would enhance children’s problem solving skills, social skills, and behavioral functioning, through the improvement of parent’s skills in helping their child solve problems.

Results showed that parents in the intervention group were more likely to promote assertive problem solving than control groups. Based on a parent questionnaire, children’s internalizing problems showed a greater decrease than the control group. Child self-reports showed an increase in social skills knowledge for those whose parent’s participated in the intervention group, while those in the control group showed a decrease in social skills knowledge. Improvement in clinical maladjustment and emotional symptoms also showed an improvement for those children whose parents participated in the intervention, while those children whose parents were in the control group showed an increase in problems in these areas.

In a meta-analysis completed by Kaminski, Valle, Filene, and Boyle (2008), a review of specific components associated with parent-training programs was conducted. This meta-analytic review incorporated the results of 77 published articles with a focus on parent training programs. The authors did not code (thus report) ethnicity in the
studies examined. Eighteen specific components were examined including, but not
limited to problem solving, child development knowledge and care, time out, disciplinary
communication, positive reinforcement, consistent responding, promoting children’s
social skills, modeling, and role play. Overall programs that created positive interactions
between parent and child and programs that required parents to practice new skills with
their child during sessions, reported larger improvements in parenting behaviors and
skills and child externalizing symptoms than programs without those components.

In regards to parenting behaviors and skills, six of the 18 components tested were
associated with significant effect sizes after methodological rigor and parent-self-report
were controlled for. Three components (emotional communication, consistent
responding, and practicing with their own child) were each predictive of larger program
effects, whereas components (problem solving, promoting children’s cognitive/academic
skills, and ancillary services) were each predictive of smaller program effects, or less
successful programs.

In regards to child externalizing behavior outcomes, after controlling for four
indicators of methodological rigor, four components were predictive of larger program
effects: positive interactions with child, modeling, responsiveness/sensitivity/nurturing,
time out, and practicing with own child. One was predictive of smaller program effects:
promoting children’s social skills.

These results suggest that if the intended outcomes are parenting behaviors and
skills and externalizing behaviors in children ages 0-7, resources should be redirected
from components consistently associated with smaller effects (problem solving; teaching
parents to promote children’s cognitive, academic, or social skills; and providing an array of other services) to components consistently associated with larger effects, such as increasing positive parent-child interactions and emotional communication, teaching time out and the importance of parenting consistency, and requiring parents to practice new skills with their children during parent training sessions. This research is very important to the current study because it points out that the components that are associated with larger effects, meaning that their presence were reliably associated with more successful program, are all components that are directly taught in parent training interventions.

The inability to adequately handle the normal stressors of everyday life contributes to an unhealthy development of an individual family member, which in turn has an effect on the family as a whole (Coyne & Downey, 1991; Forgatch, 1989; Reuter & Conger, 1995). Many parent-training programs such as PMTO consider problem solving to be an important core parenting practice; however, problem solving skills were not directly taught in the CAPAS intervention that this study was based on. Problem solving process was taught indirectly through modeling in that parents’ parenting concerns were addressed using a problem solving process. The purpose of this study is to add to the literature by examining problem solving outcomes in an intervention that does not teach these skills directly, but still considers problem solving an important parenting practice. It is the opinion of this investigator, after having reviewed the literature, that quality of problem solving will show a gain in scores at T2 and will retain those gains at T3 and T4.

The next area in this literature review will provide the reader with the theoretical
foundation of parent-training programs and underpinnings of parent-training models that often highlight problem-solving skills as a core parenting practice.

**Theoretical Foundation of Parenting Interventions**

Behaviorally oriented parent-training programs are generally based on operant-conditioning procedures and social learning theories. These programs presume that the behavior of a child is a product of their interaction with the parents. Nonetheless, in order to change a child’s behavior one must first change the behavior of those in which the child has a significant relationship with such as the parent/caregiver (Forgatch & Knutson, 2002; Patterson, 2002). Problem solving, which is often defined as a cognitive process, is also considered an observable behavior, which is the reason for inclusion in many parent training programs. Following the section on theoretical foundation, a summary of three evidenced based parent training programs that incorporate problem solving into their intervention will also be discussed.

**Operant Conditioning and Social Learning Theory**

Skinner (1953) defined operant conditioning as a method of learning that involves applying consequences following a behavior in order to increase or decrease the likelihood of the behavior recurring. Reinforcement and punishment, the core tools of operant conditioning, are either positive or negative (Domjan, 2003; Shields & Gredler, 2003). Parent training interventions that use operant conditioning principles have been found to be very effective in working with oppositional and conduct disordered children.
Social learning theory (SLT) partly derives from operant conditioning principles (Scott & Yule, 2009). According to Scott and Dadds (2009), parent training interventions which are based on the principles of SLT are the “treatment of choice” for children who exhibit externalizing problems. SLT explains human behavior in terms of the interaction that an individual has between cognitive, behavioral, and environmental influences (Bandura, 1977). SLT has been used to understand the development of externalizing disorders such as oppositional defiant disorder, conduct disorder, and attention-deficit/hyperactivity disorder and is based on the premise that individuals not only learn from their own experiences but also from observing the behaviors of others (Scott & Dadds, 2009). SLT provides the foundation for behavior modeling, which states that people who observe positive, desired outcomes through vicarious learning are more likely to imitate and adopt the behavior themselves.

Patterson’s Coercion theory (Patterson, 1982, 2002) is based on social learning principles. Patterson proposed that two processes were occurring in families: First, parents who are aggressive have children who are aggressive. Second, as aversive disciplinary action escalates from nagging, to yelling, to spanking, the child will also respond with aversive behavior. This response from the child will cause the parent to either give up leading to the continuation of misbehavior by the child or the parent will also continue to respond in a more aggressive manner in order to get the child to obey. The parent is then negatively reinforced by the child’s adherence to the commands previously given (Patterson, 1982; Scott & Dadds, 2009).
According to Patterson and colleagues (Forgatch & Patterson, 2010; Patterson et al., 2010), social interaction learning theory states that a child’s behavior is directly affected by the parent-child interaction and parenting practices and indirectly affected by contextual factors that may impede effective parenting. Although contextual factors such as low SES, parental stress, life status changes, and environment do not directly affect the child they are considered to indirectly affect the child through effects of parenting behaviors (Forgatch, Bullock, & Patterson, 2004; Martinez, McClure, & Eddy, 2009; Patterson, 2002).

**Underpinnings of Parent-Training Programs**

Although parent training programs may deviate slightly in theoretical orientation, most parent training models can be traced back to Hanf’s (1969) model of parent training. She proposed a two stage model: First, teaching parents to give praise and positive attention for a child’s good behavior; secondly, teaching parents effective commands and appropriate consequences for unwanted behaviors (Gimpel & Holland, 2003). All parent training programs have common characteristics such as improving parental behaviors which have been identified as important influences on child behavior (Kazdin, 2005). Training is often provided through observation, role playing, and feedback, and often includes exercises that are to be completed at home used to encourage further skill development (Reyno & McGrath, 2006). This next portion of the literature review will summarize the origins of three parent-training models and provide the reader with similarities found across these interventions.
The Oregon model of parent management training (PMTO) developed by Gerald Patterson and colleagues, parent-child interaction therapy (PCIT) developed by Sheila Eyberg, and The Incredible Years (IY) series developed by Carolyn Webster-Stratton grew out of the emerging literature of the mid-twentieth century regarding the development of externalizing behaviors in children. Patterson and Eyberg share similar training backgrounds having gotten their training started at the University of Oregon, while Eyberg later went on to complete her internship at the Oregon Health Sciences University where Constance Hanf was also employed (retrieved from http://pcit.phhp.ufl.edu/story.htm).

Similarities in all three evidenced based parent training models are unmistakable. First, all three interventions draw upon SLT to help explain the impact of parenting practices on child development and outcomes (Forgatch et al., 2004; Neary & Eyberg, 2002; Webster-Stratton & Herman, 2010). All three interventions were developed in an effort to help treat externalizing problematic behaviors in children and adolescents such as aggression, noncompliance, antisocial behaviors, and conduct disorder problems which often lead to academic failure, school dropout, violence, and depression. Furthermore, all three promote the acquisition of prosocial behaviors by teaching parents effective parenting practices (Dishion & Piehler, 2007; Forgatch, DeGarmo, & Beldavs, 2005; Forgatch, Patterson, DeGarmo, & Beldavs, 2009; Neary & Eyberg, 2002; Patterson et al., 2010). There is extensive literature that consistently establishes links between the child, family, and later development of antisocial behaviors and academic underachievement (Scott et al., 2010). In conjunction with the similar goals that these efficacious parent
training models share, they abide by similar rules on how to accomplish these goals. Parents are taught to use positive skills such as praise and attention to help increase positive behaviors and are taught how to apply appropriate and consistent consequences to help reduce negative behaviors in an effort to decrease maladaptive parent-child interactions (Forgatch et al., 2009; Neary & Eyberg, 2002; Patterson, Forgatch, & DeGarmo, 2010; Webster-Stratton & Herman, 2010).

These parenting interventions have been found to be effective across different populations including step-families, divorced families, single mothers, and ethnicities (Fergusson, Stanley, & Horwood, 2009; Forgatch et al., 2005, 2009). In the present research, cultural adaptations were made within the CAPAS parent training program following the cultural adaptation process model (Domenech Rodríguez & Wieling, 2004) and based on the ecological validity model (EVM). Attention was focused on making cultural adaptations that were consonant with the goals of PMTO (Domenech Rodriguez et al., 2011). Suggestions were taken from focus groups and parent groups that were conducted during before the intervention to help in the adaptation process. For example, dichos were incorporated into the CAPAS intervention that were similar to the parent “raps” that can be found in PMTO. Cultural values such as respeto, personalismo, and simpatia were incorporated into the intervention and treatment goals. Treatment goals for PMTO include encouragement, positive involvement, effective problem solving, effective limit setting and monitoring. These goals were framed in a culturally relevant manner in the CAPAS intervention. For example, encouragement leads to respeto and buena educación, limit setting also leads to respeto, problem solving helps children
“valerse por sí mismos (p. 179), while positive involvement from parents also leads to buena educación.

**Research Question**

To achieve the purpose of this study, one main question was formulated, “*Are there gains in outcomes from participating in treatment (T1 \(\rightarrow\) T2), (T2 \(\rightarrow\) T3), and (T2 \(\rightarrow\) T4) for our three variables of interest (parent/child engagement and quality of problem solving)?*”
CHAPTER III
METHODOLOGY

The purpose of the present study was achieved through parent-child observations during a videotaped problem solving task. These videotaped observations were collected over four time periods with treatment and control group families. The core positive parenting practices of the PMTO model, assessed via observations, are encouragement, limit setting, monitoring and supervision, family problem solving, and positive parent involvement (Patterson, 2005). According to the PMTO model, parents who are equipped with good problem solving skills are able to help resolve conflicts, negotiate rules, and provide appropriate consequences for either following or violating the rules (Patterson & Forgatch, 1995). Observational methods that have been proven to be better predictors of child outcomes than parent and teacher reports are a crucial component of the Oregon Social Learning Center’s Parent Management Training (PMTO) model (Forgatch & DeGarmo, 2002; Patterson & Forgatch, 1995). Comparisons were made across treatment and control conditions to evaluate the differences between groups (i.e., treatment, control). Parent and child engagement was studied during the problem solving task while examining the quality of problem solving with parents and their children ages 4-10.

Participants

The participants of this study were involved in a larger study that “aimed at adapting a parenting intervention” for young children of Latino immigrants (Domenech Rodríguez, 2003; Domenech Rodríguez et al., 2011). Participants in the larger study were
recruited through communication with local community leaders, word of mouth, and flyers. Incentives for participation included training parents in positive parenting skills that help promote respeto and buena educación, monetary incentives for participation in pre and post assessments, child care during sessions, and dinner for participants in the intervention group (Domenech Rodríguez et al., 2011; Domenech Rodríguez, Davis, Rodriguez, & Bates, 2006). It is also important to note that the research team was also called upon for unusual favors that may be specific to this population. For example, after the Immigration and Customs Enforcement (ICE) raids that occurred, the principal investigator of the larger study was asked by a mother who had participated in the intervention group to pick up her husband’s check as she was afraid of leaving her house for fear of being deported (Baumann, Domenech Rodríguez, & Parra-Cardona, 2011).

The original study measured outcome behaviors at pre and post assessment of the target child based on the Child Behavioral Checklist (CBCL) for both an intervention group and control group. Parents in the intervention group were taught key parenting practices, in particular skills building, positive involvement, and adequate discipline. The research team included a Ph.D. level licensed psychologist and four female graduate students. Two of the four interventionists were native Spanish speakers (Baumann et al., 2011; Domenech Rodríguez et al., 2011). For the purpose of the current study, the researcher looked at only the engagement process between the parent and target child during the problem solving task in order to find out if quality of problem solving improved as a result of participation in an intervention that included problem solving as one of its primary goals, but did not directly teach it.
Sample size across time can be found in Table 1. Altogether, more mothers participated in the study than fathers. There was a notable decrease in sample size from T1 to T2. At the time of data collection, U.S. Immigration and Customs Enforcement (ICE) conducted raids on local factories in the area, causing the deportation of many immigrant workers; hence, the possibility of nonrandom attrition with this sample (Baumann et al., 2011).

All participants included in the present study were of Latino descent. Most children were in kindergarten through the fifth grade and enrolled in school in northern Utah. Student gender was almost evenly split (45.8% female). Ages ranged from 4 to 10 years old ($M = 7.05$, $SD = 1.52$). All children completed a problem solving task with one parent in the observation room at a time. Where two-parent families participated, there were individual mother-child and father-child observations for the family. Problems were selected in advance by the parent from a hot topics list. The most problematic entries were selected for discussion. During the observation, families were asked to find a solution to the selected problem.

Parents were given a demographics questionnaire (see Appendix A). Of the 130 parents, 84 were female and 46 were male. Overall, a total of 84 families participated at

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Final Sample Size Across Times</strong></td>
</tr>
<tr>
<td>Parent</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Father</td>
</tr>
</tbody>
</table>
T1 and of those treatment and control groups were almost split evenly with 51% of the families in the treatment group and 49% in the control group. The age of parents ranged from 21 to 50 years ($M = 33.21, SD = 6.09$ for females and $M = 35.89, SD = 6.71$ for males). Three families dropped out, and two did not continue due to random attrition (ICE raids). The final number of participants was 79. Because the data were gathered well before the APA reporting standards were published, there is no information on eligibility assessment and enrollment as outlined in the APA Publications and Communications Board Working Group on Journal Article Reporting Standards (2008).

Yearly income was divided into seven categories with 69% of mothers and 54% of fathers (see Table 2) who answered the question reporting an annual household income of $25,000 or less. Several participants did not fill out the section on annual income.

Seventy-nine mothers and 44 fathers answered the question on education level (see Table 3). Of the participants who answered the question, approximately 43% of mothers and

Table 2

*Household’s Yearly Income*

<table>
<thead>
<tr>
<th>Yearly income</th>
<th>Mothers</th>
<th></th>
<th>Fathers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n$</td>
<td>Percentage</td>
<td>$n$</td>
<td>Percentage</td>
</tr>
<tr>
<td>&lt; $10,000</td>
<td>10</td>
<td>13.00</td>
<td>2</td>
<td>4.30</td>
</tr>
<tr>
<td>$10,000 - $15,000</td>
<td>24</td>
<td>31.20</td>
<td>7</td>
<td>15.20</td>
</tr>
<tr>
<td>$15,000 - $20,000</td>
<td>10</td>
<td>13.00</td>
<td>6</td>
<td>13.00</td>
</tr>
<tr>
<td>$20,000 - $25,000</td>
<td>9</td>
<td>12.00</td>
<td>7</td>
<td>15.20</td>
</tr>
<tr>
<td>$25,000 - $35,000</td>
<td>10</td>
<td>11.90</td>
<td>8</td>
<td>17.40</td>
</tr>
<tr>
<td>$35,000 - $50,000</td>
<td>11</td>
<td>13.10</td>
<td>9</td>
<td>19.60</td>
</tr>
<tr>
<td>$50,000 - $75,000</td>
<td>3</td>
<td>3.60</td>
<td>2</td>
<td>4.60</td>
</tr>
<tr>
<td>Not Given</td>
<td>7</td>
<td>8.30</td>
<td>5</td>
<td>10.90</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.00</td>
<td>46</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Table 3

*Parents’ Level of Education*

<table>
<thead>
<tr>
<th>Education</th>
<th>Mothers</th>
<th></th>
<th>Fathers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n$</td>
<td>%</td>
<td>$n$</td>
<td>%</td>
</tr>
<tr>
<td>1st - 6th grades</td>
<td>34</td>
<td>40.50</td>
<td>16</td>
<td>34.80</td>
</tr>
<tr>
<td>7th - 8th grades</td>
<td>18</td>
<td>21.40</td>
<td>12</td>
<td>26.10</td>
</tr>
<tr>
<td>9th - 12th grades</td>
<td>15</td>
<td>17.90</td>
<td>7</td>
<td>15.20</td>
</tr>
<tr>
<td>1 -2 yr. college</td>
<td>6</td>
<td>7.10</td>
<td>4</td>
<td>8.70</td>
</tr>
<tr>
<td>3 -4 yr. college</td>
<td>2</td>
<td>2.40</td>
<td>4</td>
<td>8.70</td>
</tr>
<tr>
<td>College graduate</td>
<td>4</td>
<td>4.80</td>
<td>1</td>
<td>2.20</td>
</tr>
<tr>
<td>Not given</td>
<td>5</td>
<td>6.00</td>
<td>2</td>
<td>4.30</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.00</td>
<td>46</td>
<td>100.00</td>
</tr>
</tbody>
</table>

36% of fathers had a sixth-grade education or less, 42% of mothers and 43% of fathers completed between 7 to 12 years of schooling, 11% of mothers and 18% of fathers had between 1-4 years of college, and 5% of mothers and 2% of fathers had graduated from college.

Finally, information was obtained on parents’ generation status (see Table 4).

Approximately 88% ($n = 74$) of the mothers and 91% ($n = 42$) of the fathers who answered this question described themselves as first generation (i.e., they were born in Mexico or another country and immigrated to the United States). Because response to parent training is often influenced by contextual variables that have an indirect effect on the child such as socioeconomic status and acculturation, both of which have been identified as significant factors, it was critical to relay the information to the reader (Reyno & McGrath, 2006).
Table 4

*Parents’ Generational Status*

<table>
<thead>
<tr>
<th>Education</th>
<th>Mothers</th>
<th></th>
<th>Fathers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Percentage</td>
<td>n</td>
<td>Percentage</td>
</tr>
<tr>
<td>1st</td>
<td>74</td>
<td>88.10</td>
<td>42</td>
<td>91.30</td>
</tr>
<tr>
<td>2nd</td>
<td>3</td>
<td>3.60</td>
<td>1</td>
<td>2.20</td>
</tr>
<tr>
<td>5th</td>
<td>1</td>
<td>1.2</td>
<td>4</td>
<td>2.20</td>
</tr>
<tr>
<td>Not given</td>
<td>6</td>
<td>7.10</td>
<td>2</td>
<td>4.30</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.00</td>
<td>46</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Instruments**

The following section will present measures that were used for inclusion in this study. It is important to note that the demographic questionnaire, the socioeconomic status scale and the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II) were used only for descriptive purposes. The problem solving scale along with the parent and child engagement scales were used for our primary analyses.

**Hot Topics Questionnaire**

A list of 33 problems was given for parents to choose from such as clean room, do homework, and problems with the telephone (see Appendix G). Parents were asked to choose the three problems that were most frustrating for them and rank them from 1 to 3. They were then asked to rate each problem on a scale of 1 to 5, with 5 being indicative of the most frustrating.
Demographic Questionnaire

Parents were asked to complete a demographic questionnaire in Spanish that asked questions related to their age, gender, birth place, number of adults and children living in the home, work status, and annual family income (see Appendix A).

Socioeconomic Status

The SES scale is a 9-item scale that examined parents’ perceptions of their economic status (Beauvais, 1996). The scale was calculated by averaging the responses to the nine questions ranging in scores from 1 to 4: 1 = always and 4 = never. Items included questions about how often food is purchased, how often gas is purchased, how often they buy clothes that are needed vs. how often they buy clothes that they want (see Appendix E for Spanish version and Appendix F for English version). The average allowed for two missing answers. The lower the score on this scale, the more economic freedom (or conversely, less poverty) the family perceived. The higher the number, the less money the family has, meaning more subjective poverty. A Cronbach’s coefficient alpha of .88 was established for mothers and .77 for fathers of this 9-item scale.

Acculturation Rating Scale for Mexican Americans-II

The ARSMA-II is a self-report that measures orientation toward the Mexican culture and the Anglo culture independently using two subscales, a Mexican Orientation Scale (MOS) and an Anglo Orientation Scale (AOS; Cuellar, Arnold, & Maldonado, 1995). It is available in both English and Spanish (see Appendix D). In the original study, MOS had a coefficient alpha of .88; AOS had a coefficient alpha of .83. The ARSMA-II
demonstrated concurrent validity with the original ARSMA (Cuellar et al., 1995). The Pearson product moment correlation coefficient between the two linearly derived acculturation scores was .89. In this study, comparable coefficient alphas were also obtained for both participating mothers and fathers. Coefficient alpha’s for participating mothers were .84 for MOS and .91 for AOS; fathers had a coefficient alpha of .76 for MOS and .90 for AOS, respectively. The standardized alpha for MOS is probably low due to the small number of cases included (n = 36). The ARSMA-II generates “both linear acculturation categories (Levels 1-5) and orthogonal acculturative categories (traditional, low bicultural, high bicultural, and assimilated)” (Cuellar et al., 1995).

Raw score means were used to calculate the AOS and MOS. A linear acculturation score that follows a range from very Mexican Oriented to very Anglo Oriented is calculated by subtracting the MOS mean from the AOS mean (Cuellar et al., 1995). An acculturation level for the individual can then be generated using the acculturation score. The suggested cut-off scores can be found in Table 5. These cut-off scores were based on 379 participants representing five generations and were calculated using standard deviations and means of the sample (Cuellar et al., 1995).

**Problem-Solving Quality Scale**

Participants were asked to choose a problem or hot topic out of a list of 33 common problem behaviors. One problem was chosen by the parent and one by the child. After selection of the problem, participants had 5 minutes in which they would spend time problem solving and attempting to find a solution to the problem being discussed. Observations were videotaped. The researcher did not stay in the room during the taping.
Table 5

_Cutting Scores for Determining Acculturation Level Using ARSMA-II_

<table>
<thead>
<tr>
<th>Acculturation levels</th>
<th>Description</th>
<th>Acculturation score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Very Mexican oriented</td>
<td>&lt;-1.33</td>
</tr>
<tr>
<td>Level 2</td>
<td>Mexican oriented to approximately balanced bicultural</td>
<td>&gt;-1.33 and &lt;-0.07</td>
</tr>
<tr>
<td>Level 3</td>
<td>Slightly Anglo oriented bicultural</td>
<td>&gt;-0.07 and &lt;1.19</td>
</tr>
<tr>
<td>Level 4</td>
<td>Strongly Anglo oriented</td>
<td>&gt;1.19 and &lt;2.45</td>
</tr>
<tr>
<td>Level 5</td>
<td>Very assimilated; Anglicized</td>
<td>&gt;2.45</td>
</tr>
</tbody>
</table>

The principal investigator of the original study from which this sample is taken researched the appropriateness of using an existing behavioral observation global rating scale with Latinos. The study found that these observational scales were appropriate for use with a Latino sample (Domenech Rodríguez et al., 2006). A global rating system developed by Forgatch, Knutson, and Mayne (1992) was used to measure problem-solving quality free from the bias that is often encountered in parent report measures (Forgatch, 1991). This scale included items that focused on number of solutions suggested and the degree to which the problem was resolved. The quality of problem solving scale was comprised of eight items on a 7-point Likert-type scale where low scores were indicative of poor problem solving and high scores were indicative of skillful problem solving (see Appendix B). Videotaped observations were coded by trained coders. Observational coders were blinded to treatment condition. Fifteen percent of videotaped observations were double coded along with random checks to assess for coder drift (Domenech Rodríguez et al., 2006).

In order to establish reliability between researchers, two coders were trained by a
researcher at the Oregon Social Learning Center (Domenech Rodriguez et al., 2006). Adequate reliability was established between three coders in the original study that this sample was taken from. Intraclass correlations ranging from .88 to .97 were calculated individually for eight families (16% of the sample). On observations 1-5, coders could rate the behavior tasks on a scale of 1 (very untrue) to 7 (very true). On question 6, the coder could rate the extent of resolution on a scale of completely unresolved to resolved. Question 7 was rated from (1 = extremely dissatisfied) to (7 = extremely satisfied). Question 8 was rated on a scale of 1 (uninvolved) to 4 (involved). In order to create one problem solving scale ranging from 1 to 7, question 6 which ranged from 1 to 6 was multiplied by 1.17 and question 8, which ranged from 1 to 4 was multiplied by 1.75. The eight items were then summed up and divided by eight in order to obtain an average problem solving score. The problem solving scale showed acceptable reliability (Cronbach’s alpha at wave 1 = .86, at wave 4 = .91).

**Parent Engagement and Child Engagement Scales**

The parent and child engagement scales ranged from 1 (never) to 5 (very often). The scales originally had nine items however, preliminary analyses revealed that four of the scale items had no variance and were therefore removed. The final 5-item parent and child engagement scales showed adequate Cronbach alpha reliabilities for wave 1 (alpha = .81 and .78, respectively). An average for these scales was also calculated. The scales include observations on eye contact, interactive body posture, and empathy, among others (see Appendix C). For this study, four different time points are being looked at. In the
original study, a preassessment and postassessments (2 months, 4 months, and 6 months following the initial assessment) were conducted. Families participated in the intervention after the baseline assessment and 2 month postintervention assessment. In the original study, families participated in the groups across six cohorts, meaning that there were six groups of parents randomized into treatment and control conditions over the course of 3 years. All six cohorts are included in this study.

**Procedures**

Several procedures were used to recruit participants for the parent study, including flyers, communication with local community leaders, and word of mouth (Domenech Rodríguez et al., 2006). Interested parents were screened in person or by telephone. The screens were intended to select children between 5 and 9 years of age, but due to missing or unreliable information at the screening, children slightly younger and slightly older (i.e., 4 and 10) were included in the study. If there was more than one child in the family between the ages of 5-9 who qualified for the study, parents were asked to choose one child as the target child, typically the child that presented the parents with more childrearing challenges. The parents were asked a series of screening questions about the target child’s behavior to include children who had mild externalizing symptoms (e.g., rule breaking at school, home, or other places) but exclude those with extreme behaviors (e.g., cruelty to animals). The screening was consistent with the broader research aims to deliver a parenting intervention aimed at prevention of externalizing behaviors such as temper tantrums and disobedience.
After families were recruited for the intervention, they were given a pre-intervention assessment. The parents answered a demographic questionnaire, assessment measures including the CBCL, and a hot issues checklist. Parents were asked to work independently on completing all measures. Once they had completed the hot issues checklist, they were asked to rank the top four things, preferably on the “hot” end of the continuum that they were willing to talk to their child about. The parent made the final selection in choosing which of the topics they would talk about. The parent and child were then taken to an observation room where they were instructed on where to sit. While one parent was participating with their child in observational tasks, the other parent was filling out questionnaires. The parent in the observation room was informed that he/she would have five minutes to talk about the hot topic of their choice with the target child and was instructed to talk about the hot topic in a manner that would facilitate resolution. If families finished their discussion before the time elapsed, they were instructed to remain in the room and could talk about other things but were specifically asked to not address other problems that they might have put on their hot topics list. The interventionist would then press record on the camera and would leave the observation room.
CHAPTER IV
RESULTS

Eighty-seven families were recruited into the randomized controlled trial that is the parent study for the present research. For the purpose of this study, a total of 86 families in T1, T2, T3, and T4 were included. There were 45 families in the treatment group and 41 families in the control group. There were a total of 84 mothers and 53 fathers that participated in the original study. Information on parent’s SES (Beauvais, 1996) and acculturation level (Cuellar et al., 1995; see Table 6) was also obtained in the original study; hence, they are being reported here in order to give the reader a clearer picture of the sample that was used in this current study. A score of less than -1.33 on the ARSMA indicates Very Mexican Oriented while of score of greater than 2.45 indicates Very Assimilated.

Tables 7-9 provide the final sample size (N), mean (M), and standard deviation (SD) for each variable including parent engagement, child engagement and problem solving. The means provide an average of the parent/child engagement and problem solving.

Table 6
Socioeconomic and Acculturation Scales

<table>
<thead>
<tr>
<th>Predictor variables</th>
<th>N</th>
<th>M</th>
<th>Qualitative description</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom SES</td>
<td>71</td>
<td>2.16</td>
<td>1 = more economic freedom</td>
<td>.62</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 = more subjective poverty</td>
<td></td>
</tr>
<tr>
<td>Dad SES</td>
<td>41</td>
<td>1.98</td>
<td>1 = more economic freedom</td>
<td>.61</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 = more subjective poverty</td>
<td></td>
</tr>
<tr>
<td>Mom ARSMA</td>
<td>80</td>
<td>-2.00</td>
<td>Very Mexican oriented</td>
<td>1.12</td>
</tr>
<tr>
<td>Dad ARSMA</td>
<td>42</td>
<td>-1.48</td>
<td>Slightly Anglo oriented/bicultural</td>
<td>.86</td>
</tr>
</tbody>
</table>
Table 7

Results of Final Sample for Problem Solving

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment ( (n = 37) )</td>
<td>Control ( (n = 35) )</td>
</tr>
<tr>
<td>Problem solving T1</td>
<td>3.63 1.21</td>
<td>3.38 1.10</td>
</tr>
<tr>
<td>Problem solving T2</td>
<td>3.86 1.24</td>
<td>3.23 1.07</td>
</tr>
<tr>
<td>Problem solving T3</td>
<td>3.21 .91</td>
<td>3.01 .86</td>
</tr>
<tr>
<td>Problem solving T4</td>
<td>3.79 1.24</td>
<td>3.36 .93</td>
</tr>
</tbody>
</table>

Scale range 1-7.

Table 8

Results of Final Sample for Parent Engagement

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment ( (n = 37) )</td>
<td>Control ( (n = 35) )</td>
</tr>
<tr>
<td>Parent engagement T1</td>
<td>3.43 .77</td>
<td>3.13 .73</td>
</tr>
<tr>
<td>Parent engagement T2</td>
<td>3.17 .60</td>
<td>3.05 .74</td>
</tr>
<tr>
<td>Parent engagement T3</td>
<td>2.63 .53</td>
<td>2.53 .53</td>
</tr>
<tr>
<td>Parent engagement T4</td>
<td>2.90 .61</td>
<td>2.87 .67</td>
</tr>
</tbody>
</table>

Scale range 1-5.
Table 9

Results of Final Sample for Child Engagement

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mothers</th>
<th></th>
<th>Fathers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment (n = 37)</td>
<td>Control (n = 35)</td>
<td>Control (n = 19)</td>
<td>Treatment (n = 20)</td>
</tr>
<tr>
<td>Child engagement T1</td>
<td>2.80 .94</td>
<td>2.61 .79</td>
<td>2.23 .85</td>
<td>2.67 .78</td>
</tr>
<tr>
<td>Child engagement T2</td>
<td>2.62 .75</td>
<td>2.50 .75</td>
<td>2.24 .76</td>
<td>2.46 .75</td>
</tr>
<tr>
<td>Child engagement T3</td>
<td>2.15 .53</td>
<td>2.11 .63</td>
<td>1.82 .45</td>
<td>2.16 .72</td>
</tr>
<tr>
<td>Child engagement T4</td>
<td>2.47 .73</td>
<td>2.45 .70</td>
<td>2.16 .67</td>
<td>2.32 .78</td>
</tr>
</tbody>
</table>

Scale range 1-5.

Solving score. The greater the mean for parent and child engagement, the more engaged the parent and child were in the problem solving task. The lower the mean for problem solving corresponding to lesser ability to problem solve.

Data Analysis Decisions for Research Questions

In order to answer the main research questions, various analyses were used including the Shapiro Wilk test to assess for normality, Spearman Rho correlations and generalized estimating equation (GEE) models. The dependent variables were problem solving, parent engagement, and child engagement. The problem solving scores collected via observations and coded during the original study at T1, T2, T3, and T4 were used. Parental engagement and child engagement were also coded by observational coders that were blind to treatment condition. Predictors included condition, time, and parent sex. For the purpose of this study, mother’s and father’s data were entered together for a total
of three general linear models.

Because this was a secondary data analytic project, we asked the question “given the number of subjects, how much of an effect can we detect?” In the present study we had a variable number of participants per time point. Specifically there were 125, 104, 109, and 111 participants at each of four time points. Using G*Power, a statistical software program found online (Faul, Erdfelder, Buchner, & Lang, 2009; Faul, Erdfelder, Lang, & Buchner, 2007) we estimated the effect size we could detect with the lowest $N$ of 104 participants in our sample. The effect size was calculated using the ANOVA Repeated measures, between factors statistical test where the between factors were the treatment conditions (control, treatment). We estimated power at .80 and set the alpha at .05. The result was .23, signaling that we should be able to detect a medium effect size.

When using the ANOVA-F statistical test, a small effect is considered to be .10, a medium effect is .25, and a large effect is .40.

In order to prepare to answer our research questions, a Shapiro Wilk test was conducted in order to assess normality in the distribution of the data. In this test, the null hypothesis is that the data are normally distributed and if the $p$ value is less than .05, then the null hypothesis is rejected. Results of the Shapiro Wilk grouped by condition were: for problem solving in control group, $p < .0001$, for parent engagement in control group, $p = .01$, and for child engagement in the control group, $p < .0001$. For treatment groups, results showed $p < .0001$ for problem solving, for parent engagement $p = .008$, and for child engagement, $p = .001$. Hence, all are less than .05, meaning that the data were not normally distributed.
Because these findings show that further analyses using parametric statistics would violate the assumptions of a normal distribution, we proceeded with analyses using nonparametric tests. We used the Mann-Whitney test, a nonparametric statistical test used to compare two independent samples. Using baseline scores, the Mann-Whitney showed $p$ values of .41 for problem solving, .01 for parental engagement, and .09 for child engagement ($n = 125$). These findings show that although there was a small difference in problem solving at baseline between the treatment and control group, it was nonsignificant. There was a significant difference between groups on the parent engagement factor at $p = .01$. Although there was a small difference in child engagement between the treatment and control group, it was also nonsignificant at .09. In all cases, the treatment group baseline was higher for all three variables. Results can be found in Table 10.

Because our baseline values for treatment and control groups were different, we decided to look at the differences between T2 and T1 in order to see if there were gains in outcomes for our three variables (PS, PE, CE) from participating in treatment. The discovery of different baseline values between conditions led to research question one.

In order to give us some insight into the trajectories, Spearman Rho correlations across time points were conducted. Three correlation grids for each variable at four time points can be found in Table 10.

### Table 10

*Results of Mann-Whitney U at Time 1*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Problem solving</th>
<th>Parent engagement</th>
<th>Child engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mann-Whitney U</td>
<td>1781.50</td>
<td>1452.00</td>
<td>1603.50</td>
</tr>
<tr>
<td>Asymp. sig. (2-tailed)</td>
<td>.41</td>
<td>.01</td>
<td>.09</td>
</tr>
</tbody>
</table>
points can be found in Tables 11 through 13. As can see from Table 11, problem solving for the control group was positively correlated and statistically significant at $p < .01$ for T1 and T2, T1 and T4, and T2 and T4. For the intervention group, only the correlation between T2 and T4 was statistically significant at the $p < .05$ level. For parent

Table 11

*Correlations Between Problem Solving at Four Time Points for Control (bottom) and Intervention (top, shaded) Group*

<table>
<thead>
<tr>
<th>Problem solving</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
<th>T4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>1.00</td>
<td>.185</td>
<td>.026</td>
<td>.253</td>
</tr>
<tr>
<td>Time 2</td>
<td>.377**</td>
<td>1.00</td>
<td>.261</td>
<td>.288*</td>
</tr>
<tr>
<td>Time 3</td>
<td>.277*</td>
<td>.323*</td>
<td>1.00</td>
<td>-.122</td>
</tr>
<tr>
<td>Time 4</td>
<td>.498**</td>
<td>.422**</td>
<td>.042</td>
<td>1.00</td>
</tr>
</tbody>
</table>

** $p < .01$, * $p < .05$.

Table 12

*Correlations Between Parent Engagement at Four Time Points for Control (bottom) and Intervention (top, shaded) Group*

<table>
<thead>
<tr>
<th>Parent engagement</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
<th>T4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>1.00</td>
<td>.345*</td>
<td>.075</td>
<td>.311*</td>
</tr>
<tr>
<td>Time 2</td>
<td>.297*</td>
<td>1.00</td>
<td>.237</td>
<td>.440**</td>
</tr>
<tr>
<td>Time 3</td>
<td>.063</td>
<td>.300*</td>
<td>1.00</td>
<td>.176</td>
</tr>
<tr>
<td>Time 4</td>
<td>.322*</td>
<td>.383**</td>
<td>.350*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

** $p < .01$, * $p < .05$.

Table 13

*Between Child Engagement at Four Time Points for Control (bottom) and Intervention (top, shaded) Group*

<table>
<thead>
<tr>
<th>Child engagement</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
<th>T4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>1.00</td>
<td>.521**</td>
<td>.075</td>
<td>.364**</td>
</tr>
<tr>
<td>Time 2</td>
<td>.465*</td>
<td>1.00</td>
<td>.266</td>
<td>.459**</td>
</tr>
<tr>
<td>Time 3</td>
<td>.363**</td>
<td>.443**</td>
<td>1.00</td>
<td>.134</td>
</tr>
<tr>
<td>Time 4</td>
<td>.586**</td>
<td>.634**</td>
<td>.533**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

** $p < .01$, * $p < .05$. 
engagement in the control group, T2 was positively correlated to T4 and was statistically significant at the \( p < .01 \) level. T2 was also positively correlated to T4 and statistically significant at the \( p < .01 \) level for parent engagement in the treatment group. Child engagement for the control group was positively correlated at T1 and T2, T1 and T3, T1 and T4, T2 and T3, T2 and T4, and T3 and T4. All of the correlations were statistically significant at the \( p < .01 \). For those in the treatment group, T1 was positively correlated to T2 and T4, and T2 was correlated to T4. All correlations were statistically significant at the \( p < .01 \). Because we’re looking at correlations across time, one can easily assume that time would be correlated within subjects naturally. This is general information presented to the reader to give us some insight into the relationship between the variables and time points. An examination of Figures 1-3 shows that the relationships are not linear.

![Figure 1](image-url)  
*Figure 1. Problem-solving trajectory.*
Figure 2. Parent-engagement trajectory.

Figure 3. Child-engagement trajectory.
Research Question One: Are the gains retained over time for (a) quality of problem solving, (b) child engagement, and (c) parental engagement?

In order to answer research question 1, generalized estimating equations (GEE) were used to analyze the data. GEE models both non-parametric and normal distributions (Hardin & Hilbe, 2003) and were used to account for missing data and unequal number of participants in the treatment and control groups. Our predictors included condition, time and parent sex. By including parents together, it allowed us to have more statistical power and control for within family correlation. Within-subject variables included parent sex and time. Three separate GEE models were run to reflect the three dependent variables: problem solving, parent engagement, and child engagement.

We first ran the GEE model with problem solving as our dependent variable and included the main effects (condition, time, and parent gender) and the interactions (condition*time, time*parent gender, and condition*time*parent gender) in our model. Results showed that the interaction between condition*time was not statistically significant nor were any of the other interactions. In order to have a more parsimonious model, we ran the GEE model again including only the main effects with problem solving as the dependent variable, controlling for within family clustering. Although the interaction effect between condition*time was not significant as evidenced by a $p = .53$, the results of the marginal mean differences for condition*time can be found in Table 14, Table 15, and Table 16. Looking at Table 14, you can see that the problem solving score for the control group decreased while the problem solving score for the treatment group increased; however, neither score was statistically significant. If you look at Table 15,
Table 14

*Results for GEE Problem Solving: Marginal Means Difference Test for Interaction Effect (Condition * Time; T2-T1)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-.02</td>
<td>.14</td>
<td>.90</td>
</tr>
<tr>
<td>Treatment</td>
<td>.27</td>
<td>.17</td>
<td>.10</td>
</tr>
</tbody>
</table>

Table 15

*Results for GEE Problem Solving: Marginal Means Difference Test for Interaction Effect (Condition * Time; T3-T2)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-.35</td>
<td>.19</td>
<td>.07</td>
</tr>
<tr>
<td>Treatment</td>
<td>-.53</td>
<td>.20</td>
<td>.01</td>
</tr>
</tbody>
</table>

Table 16

*Results for GEE Problem Solving: Marginal Means Difference Test for Interaction Effect (Condition * Time; T4-T2)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>.12</td>
<td>.20</td>
<td>.53</td>
</tr>
<tr>
<td>Treatment</td>
<td>.03</td>
<td>.24</td>
<td>.89</td>
</tr>
</tbody>
</table>
the difference in problem solving from T2 to T3 was statistically significant for the treatment group, unfortunately, the slope is negative. Hence, the small gain that was seen from T1 to T2 for problem solving in the intervention group, although not statistically significant, was not retained at T3. Problem solving in the control group also decreased from T2 to T3. T3 was the most negative time points for both groups. As shown in Table 16, the marginal mean difference shows that scores increased at T4 in comparison to T2 for both treatment and control groups; however, it was not statistically significant. We can conclude from these results that there was no gain or retention in problem solving skills from participating in the intervention group.

The next GEE model that we ran was using parent engagement as the dependent variable while controlling for Time 1 after discovering that baseline values were indeed different between treatment and control. Hence, we did not get results for T1 to T2 scores as T1 was controlled for. Once again, we saturated our model in order to find out which interactions were significant. We included the main effects: condition, time, and parent gender. We also included the following interactions: condition*time, time*parent gender and condition*time*parent gender. Results showed that the interaction between condition*time was not significant at $p = .48$ and was not included in the final model. The results of this interaction can be found in Tables 17 and 18. The interactions that were significant included condition*parent gender at $p = .01$, parent gender*Time 1 at $p = .01$, Time*Time 1 at $p < .01$, and condition*parent gender*Time 1 at $p < .05$. A final GEE model was run including only these interactions. If you take a close look at Table 18, you can see that parent engagement for both treatment and control groups is
Table 17

*Results for GEE Parent Engagement: Marginal Means Difference Test for Interaction Effect (Condition * Time; T3 T2)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-.55*</td>
<td>.11</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Treatment</td>
<td>-.39*</td>
<td>.14</td>
<td>.01</td>
</tr>
</tbody>
</table>

*Note.* Covariates appearing in the model are fixed at the following values: TIME_1_PE=3.1800.

* The mean difference is significant at the .05 level.

Table 18

*Results for GEE Parent Engagement: Marginal Means Difference Test for Interaction Effect (Condition * Time; T4-T2)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-.06</td>
<td>.12</td>
<td>.64</td>
</tr>
<tr>
<td>Treatment</td>
<td>-.14</td>
<td>.14</td>
<td>.33</td>
</tr>
</tbody>
</table>

*Note.* Covariates appearing in the model are fixed at the following values: TIME_1_PE=3.1800.

statistically significant; however, the time trend is negative. Scores decreased from T2 to T3 for both intervention and control. When looking at Table 18, you can also see that scores slightly decreased from T2 to T4; but the difference was not statistically significant.

The last GEE model was calculated with child engagement as the dependent variable. Time 1 was not controlled for as the difference of values at baseline between treatment and control was not statistically significant, although approached it at $p = .09$. 
Continuing on, we immersed the model with our three main effects and multiple interactions including condition*time in order to find out which were significant. Once again we found that the overall interaction between condition*time was not significant at \( p = .68 \). Nevertheless, as our research question was interested in the interaction effect of condition*time, results can be found in Tables 19, 20, and 21. The only interaction effect that was significant was time*time 1 at the \( p < .01 \) level. We ran the GEE model again including only this interaction. Table 19 shows that both the control and treatment groups decreased from T1 to T2. Looking at Table 20, we see that the marginal mean differences between T3-T2 are statistically different, unfortunately, the slope is negative. When we

Table 19

Results for GEE Child Engagement: Marginal Means Difference Test for Interaction Effect (Condition* Time; T2-T1)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard Error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-.05</td>
<td>.13</td>
<td>-.30</td>
</tr>
<tr>
<td>Treatment</td>
<td>-.20</td>
<td>.12</td>
<td>.11</td>
</tr>
</tbody>
</table>

Table 20

Results for GEE Child Engagement: Marginal Means Difference Test for Interaction Effect (Condition* Time; T3-T2)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard Error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-.41*</td>
<td>.12</td>
<td>.001</td>
</tr>
<tr>
<td>Treatment</td>
<td>-.38*</td>
<td>.13</td>
<td>.003</td>
</tr>
</tbody>
</table>

*The mean difference is significant at the .05 level.
Table 21

*Results for GEE Child Engagement: Marginal Means Difference Test for Interaction Effect (Condition* Time; T4-T2)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean</th>
<th>Standard error</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-.07</td>
<td>.11</td>
<td>.53</td>
</tr>
<tr>
<td>Treatment</td>
<td>-.14</td>
<td>.14</td>
<td>.32</td>
</tr>
</tbody>
</table>

compare T2 to T4 (see Table 21), we see that scores decreased for both groups; however, T3 was the most negative time point. We can conclude that there was no gain or retention in scores for either group.

**Conclusion**

In conclusion, results showed that although there was a small difference between treatment and control groups for quality of problem solving; it was not statistically significant meaning that participating in the intervention made no difference for our unique sample. For problem solving, treatment started off with only slightly higher scores than the control group. Results show that treatment scores increased at T2 showing a gain of outcomes from the intervention; however, at T3 scores decreased proving that at T3 there was a loss in retention. If we take a look at T4, we see that the slope increased to a point above baseline value. The control group showed a similar pattern; however, at T2, scores decreased. Parent engagement scores between treatment and control groups were statistically different at baseline; so, we controlled for T1 in our model. Treatment and
control groups mirrored similar patterns. Results indicated that there was no gain in outcomes from participating in the intervention group. T2 showed a decrease in scores from T1 (preassessment), with T3 being the most negative time point, and then a slight increase in slope at T4. Although there was a slight increase in mean scores at T4, the increase was still below baseline value. This exact pattern was consistent with treatment and control group for child engagement.
CHAPTER V
DISCUSSION

The purpose of this study was to investigate the behaviors that parents and children engage in when attempting to solve a problem. Parent engagement, child engagement, and quality of problem solving were investigated over a period of six months in order to determine if they improved as a response to an intervention that included problem solving as one of five positive parenting practices it endorses without targeting it directly.

Previous studies have provided valuable information on the significant benefits of parent-training programs. Short term goals of parent training programs often include increasing positive encounters between parent and child, social competence, and problem solving skills. Long-term goals focus on reducing deviant peer associations, school dropout rates, drug and alcohol activity, conduct disorders, and criminal behavior. Although we have seen an increase in research of parent training programs with Latinos, most research has been conducted with White American families. Furthermore, little to no research has been carried out on specific components of parent-training programs. Westen, Novotny, and Thompson-Brenner (2004) reported on the importance of moving beyond examining manualized treatments to looking at specific treatment components in order to figure out which components show the largest effects. According to Weston and colleagues, this would save researchers time and money by allowing them to choose intervention packages that contain components which have been proven to have greater effects. The present study attempted to break down a parenting intervention, CAPAS, an
intervention that was culturally adapted for use with Latinos (Domenech Rodríguez, 2008). Problem solving was investigated which has been identified as an important factor in helping promote resiliency, social competence, and decreasing the potential of future externalizing and internalizing disorders. This chapter will discuss the findings of the study, the limitations of the study, and provide suggestions for future research.

**Findings**

Results from this study indicate that there was no statistically significant difference at baseline found between treatment and control groups for quality of problem solving at T1, meaning preassessment scores were equal for both. Results found that parental engagement were statistically different at T1 between treatment and control groups. Since there was a difference between baseline values between treatment and control groups, we decided to examine gains and retention of the three variables. Overall, findings indicate that there was no gain or retention of scores from participating in the intervention group. Spearman Rho correlations were run for each of the variables of interest at each time point and results showed that the relationships between the variables were non-linear.

A generalized estimating equation model was used to our main research question. Results showed that there was no overall difference between treatment and control groups. Both groups showed similar patterns for all three variables. Unfortunately, although we did find significance at T3 for problem solving scores in the intervention group, and both conditions in parent and child engagement, the scores were decreasing.
T3 was the most negative time point for both conditions with an increase greater than baseline at T4 for both groups. Parent and child engagement for both groups showed a decrease at T2, with T3 being the most negative time point, and then a slight increase at T4.

There are many variables that may have affected the results of this study. An important factor to consider in the current study is that although problem solving is one of the essential five core parenting practices for the OSL PMT, it was not specifically taught nor targeted in this intervention. This is not to say that the problem solving in Latino families is not influenced by exposure to skills building, monitoring and supervision, and effective discipline strategies, but that with this particular group of Mexican-American children, whose parents were primarily first generation and identified with more traditional Mexican values, problem solving may need to be targeted directly in the intervention in order to see a gain at T2 and retention of skills at T3 and T4.

There are several explanations for the improvement of problem solving skills at T2 followed by a decrease in retention at T3 and an increase in retention greater than baseline at T4. At T2, the material was probably fresh in parent’s minds that participated in the intervention group. The lack of booster sessions for the intervention group may be the reason that there was such a drastic decrease in retention at T3 (Kazdin, 2005); however, this does not explain the reason why there was a decrease in retention for the control groups. Although not entirely sure, there may have been situational variables going on that affected both groups such as the ICE raids that occurred in Logan, UT. One cannot say for sure because in the original study, data was collected over a long period of
time for different cohorts who were combined into one cohort for the purpose of this study. Although one might consider the time of the year the study was run as a plausible explanation for our findings, it is difficult to decipher as the parenting classes were run at different times of the year for each cohort. Another explanation could be due to fatigue as parents came in every 2 months to do postassessments. A further plausible justification that may have had a significant impact on the results found in this study is that the ages of children ranged from 4 to 10 years of age. Hence, a 4-year-old child is less likely to understand the concept of problem solving in comparison to a 10-year-old child. Furthermore, a younger child may not have the attention span required to problem solve nor the language necessary to engage in a problem solving task with the parent.

Another explanation for the findings of this study could be due to cultural values of the current sample not aligning with the values of the majority population which most parent training programs are based on. Domenech Rodriguez and colleagues (2009) suggested that parent training interventions are appropriate for Latinos based on their study in which 50 Latino families parenting styles were examined. Furthermore, research suggests that there are more similarities than differences in the parenting practices of White American families, Latino families, and other ethnic groups (Medora et al., 2001; Solís-Cámara & Fox, 1995, 1997). An argument can be made on both sides of the pendulum. On one hand, research states that Latino parents practice a more authoritarian approach to parenting; likewise, some say that this approach to parenting fits with the emphasis on discipline and compliance in parent training interventions. Additionally, the research also states that parent training programs fit with the cultural value of familismo
Lastly, the unique ethnic composition of the participants, acculturation status, SES, parental stressors, ICE raids, and cultural implications may have all been key contributors to the results. Due to the current lack of literature focusing on Latino family problem solving skills and lack of research investigating specific components of parent training interventions, it is not possible to compare these results with other findings.

Parent and child engagement were included in the study as a variant of interaction. Observable behaviors such as eye contact, interactive body posture, use of humor, empathy, and genuineness were measured. Results show a negative time trend with T3 being the most negative time point for both groups. A plausible explanation for this could be that parents were trying to assert themselves more after the intervention which they may have believed was necessary in order to see improvement in quality of problem solving. For example, parents may believe that being stern with their children will increase compliance to their solution of a problem which in turn prevents conflict in the family. This does not explain the similar pattern that occurred in parent and child engagement in the control group.

Limitations of the Study

Research shows that parenting programs that showed an improvement in problem solving skills directly taught these skills in their program (Kaminski et al., 2008); however, in the parent study, PS was not directly targeted in the CAPAS intervention. Had our intervention targeted problem solving skills directly, we may have seen retention
across time points. Furthermore, although the CAPAS study targeted problem solving skills indirectly, for instance, if there was a problem with the intervention, the interventionists and the parents worked on it together, the CAPAS intervention did not offer a direct hand on approach to problem solving. It is not inconceivable that with this population had parents been given an opportunity to practice the skills they were being taught with one another or their child; they would have retained skills longer. In addition, Borrego and colleagues (2006) reported that training interventions with an emphasis on modeling are favorably viewed by participants who may have trouble reading materials and applying concepts that are only verbally explained.

Another limitation was the number of parents that participated in the study. One plausible reason for the current findings could be that mothers often participated in the intervention without their husbands; hence, placing all of the demands on one parent. Hagen, Ogden, and Bjornebekk (2011), in a 1-year follow-up of PMTO, found that two parent families benefited the most from PMTO by helping reduce aversive behaviors in their children. No effects were found for PMTO on one parent families in their study, which usually consisted of single mothers. They concluded that their results may be due to two parent families being able to better manage all the requirements that PMTO places on parents. Although maybe a stretch as to why we did not see the results we expected to see, Hagen and colleagues offered a reason as to why we may have seen these outcomes. They noted that PMTO may be particularly appealing to father’s based on the lack of improvement in aversive behaviors in children from single parent mothers in their study which was usually the missing parent in our couple dyad. Another limitation of the study
was the lack of variability in our participants. Most of our families included first
generation Mexican immigrant families whose target child was born in the USA.
Furthermore, families were predominantly low socioeconomic status, traditional, and had
a twelfth-grade education or less.

Another limitation of the study was the absence of booster sessions. Hagen and
colleagues (2011) found that parents must maintain their parenting skills in order for
treatment effects to sustain over time. Furthermore, Kazdin (2005) noted that some
families might benefit from booster sessions. Another limitation of the CAPAS
intervention was that children were not included. Kaminski and colleagues (2008)
concluded from their review of the literature that parenting programs that included
children in the sessions were the most effective.

Consequently, we are still figuring out what works with this population and what
does not. There could be an infinite number of mediating variables that were not
accounted for such as level of acculturation for parent and child, socioeconomic status,
parental stress, language barriers, youth interactions with peers, and parents. These are all
important factors that may have played a part in the current findings; however, were not
accounted for. Variables that should be studied with groups similar to the participants of
this study are addressed in the next section of this chapter.

**Future Research**

Future research should focus on changes after exposure to PMTO PS curriculum
and perhaps to changes within the curriculum. Because of the traditional cultural roles
that are associated with Latinos, it would be a good idea to pay close attention to the child rearing implications that female/male roles play in parenting practices. For instance, the literature has suggested that male children are given more autonomy/independence than females (Domenech Rodriguez et al., 2009). With regard to risk and protective factors that are related to problematic externalizing behaviors, further research is needed on how the multiple environmental conditions (i.e., home and school) and individual factors interact to influence child outcomes. In addition, future research needs to focus on the protective environmental factors that prevent conduct problems in the home and at school and whether or not interventions that are being used with this population actually improve children’s outcomes. A longitudinal study that follows Latino children whose parents have received training might be necessary in order to establish whether or not parenting interventions are decreasing behaviors such as criminal activity and drug and alcohol use which are usually associated with conduct disorder. Research needs to focus on identifying risk factors and protective familial factors within the Latino population, primarily the Mexican-American population here in the United States, a group that continues to skyrocket in growth and continues to be neglected.

In addition, future research should attempt to measure the acculturation process experienced by both the parent and the student as research suggests that discrepancy in the level of acculturation between parent and child also results in negative child outcomes. Many researchers have looked into the problems that occur when the child acculturates more to the individualistic value system in the U.S. than the traditional values that their parents believe in (Martinez & Eddy, 2005; Santisteban, Muir-Malcolm,
Mitrani, & Szapocznik, 2002). When this acculturation occurs, traditional values such as respeto and familismo are often undermined by the child. This discrepancy leads to disagreements between the parent and the child and serves as a catalyst for further disputes in the family. Of particular importance is the language spoken between parent and child. Domenech Rodríguez and colleagues (2011) reported that during focus groups used to assess the community’s desires, parents reported that they preferred to speak Spanish while their children often preferred to speak English. Parents suggested that inability to speak English proficiently often hindered them from being able to help their children with homework and communicating with their children’s school. It would be of benefit for future research to focus on coding the language spoken during behavioral observations. Interestingly, Straits (2010) researched language brokering that occurred in behavioral observations during a homework task in English between parent and child. Results showed that child brokering led to more positive parent-child relationships.

Lastly, future research needs to dramatically increase the number of individuals and diversity of the sample that participates in the study in order to investigate the unique, combined, and interaction effects that the family factors have on Latino child outcomes. For instance, most of our families included first generation immigrants from Mexico, with low socioeconomic status, and low education. Child characteristics that may have contributed to the results of this study, but were not accounted for include the child’s level of acculturation, peer influence, and behavioral problems at home and at school.
Conclusions

The results of this study lead us to believe that targeting and teaching problem solving skills in parent training interventions that target Latinos may be necessary in order to see a larger gain in problem solving skills post assessment and retention of these skills across time points. In a presentation by Domenech-Rodriguez (2008), which presented outcomes of the parent study, it was suggested that in order to see improved parenting practices and child outcomes, individual training may be necessary for this particular group in order to assess for mastery of skills. Furthermore, when working with this population it is extremely important to take into consideration cultural values as they play a vital role in the appropriateness of these interventions with Latinos. We need to make sure that we are creating programs that fit in with Latino cultural values. For example, Latinos have been found to be more authoritarian (Zayas, 1992) and to incorporate more corporal punishment than White Americans (Cardona et al., 2000; Zayas & Solari, 1994).

In conclusion, the literature shows that problem solving skills helps promote resiliency and help build a sturdier foundation, which is extremely critical for children in this ethnic minority group that will be faced with adverse conditions throughout their entire lives. Although results of the study cannot adequately comment on why quality of problem solving drastically decreased at T3 for the intervention group or why parent and child engagement got worse with time with T3 being the most negative time point, we were able to make some suggestions that future research should look into. Furthermore, the results of this study and the literature suggest that in order to appropriately investigate
this subject, studies that investigate specific parent training components in parent training programs that have been culturally adapted to work with Latinos is necessary. Once we have a better understanding of how the process of gender roles and acculturation is understood in adults, a study investigating the effects on children would be appropriate, keeping in mind that a portion of the adaptive process taking place is influenced by our surrounding environments.

Finally, it is important to highlight that according to the problem solving literature, children with good problem solving skills will be resilient later on in life. Nonetheless, if parent training programs are designed as a way of preventing future problematic behaviors such as reduced youth conduct disorders, criminal activity, drug and alcohol use, it is vital that parent training models include it as part of a packaged intervention to help with the retention of gain. Intervening now will help break the cycle that these children will later fall into. Ramirez and De La Cruz (2003) reported that Latinos are more likely to be part of large households, be out of a job, and live in poverty in comparison to non-Latino Whites. In order to break this cycle we need to intervene in areas that help promote resiliency and success in a group that is drastically growing and underserved.
REFERENCES


APPENDICES
Appendix A

Spanish Demographic Questionnaire
**Preguntas Demográficas**

**Información general:**

¿Que edad tiene? _______  ¿Es hombre o mujer? _______

¿Cuál es su país de nacimiento? _____________________________

¿Cuál es su código postal?________

¿Cuántas personas viven en tu casa?   (a) adultos______ (b) niños_______

¿Cuál es su estatus de trabajo?
[ ] Jornada completa  [ ] Tarea Parcial  [ ] Desempleado
[ ] Estudiante  [ ] Jubilado/retirado [ ] Ama de Casa
[ ] otra________

¿Cuál fue, aproximadamente el ingreso total de su casa el año pasado? (incluya todas las fuentes de ingreso)

[ ] Menos de $10,000
[ ] Entre $10,000 y $15,000
[ ] Entre $15,001 y $20,000
[ ] Entre $20,001 y $25,000
[ ] Entre $25,001 y $35,000
[ ] Entre $35,001 y $50,000
[ ] Entre $50,001 y $75,000
[ ] Entre $75,001 y $100,000
[ ] Más de $100,000
Appendix B

Problem Solving Quality Scale
### Problem Solving Quality Scale

#### 5. Problem Solutions

<table>
<thead>
<tr>
<th></th>
<th>Very Untrue</th>
<th>Untrue</th>
<th>Fairly Untrue</th>
<th>Unclear</th>
<th>Fairly True</th>
<th>True</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. At least one good solution was proposed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. Several good solutions were suggested (more than one).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>c. Pros and cons of solutions were considered.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>d. The quality of proposed solutions was excellent (e.g., realistic, specific, feasible).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>e. A plan was developed (e.g., proposal(s) made, details pinpointed, execution elaborated).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

#### 6. Seems likely that there will be follow through with at least one proposal (e.g., likelihood of taking action)

<table>
<thead>
<tr>
<th></th>
<th>Very Untrue</th>
<th>Untrue</th>
<th>Fairly Untrue</th>
<th>Unclear</th>
<th>Fairly True</th>
<th>True</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

#### 7. What was the extent of resolution of the problem (e.g., how much closure in terms of deciding a course of action)?

- a. Completely unresolved
- b. Unresolved, little progress made
- c. Unresolved, some progress made
- d. Somewhat resolved
- e. Fairly well resolved
- f. Resolved

#### 10. Rate your impression of each member’s apparent satisfaction with the progress made in the solution of this problem

<table>
<thead>
<tr>
<th></th>
<th>Extremely Dissatisfied</th>
<th>Dissatisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Neutral</th>
<th>Somewhat Satisfied</th>
<th>Satisfied</th>
<th>Extremely Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

#### 11. What is your impression of the involvement of members in the interaction (e.g., participation, attentiveness, questioning, active listening, body posture).

<table>
<thead>
<tr>
<th></th>
<th>Uninvolved</th>
<th>Slightly Involved</th>
<th>Somewhat Involved</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix C

Parent and Child Engagement Scale
## Parent and Child Engagement Scales

What is your impression of the extent to which the child, mother, father...?

1. Maintained good eye contact and interactive body posture (e.g., faced each other, appropriate eye contact, didn’t edge away)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. Showed empathy, support, and genuine concern.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. Used humor in a supportive and friendly way.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. Withdrew from interaction in negative way (e.g., not talking appropriately, sulking, avoiding, pouting).

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. Gave rationales (e.g., not lecturing or excuses but simple, clear reasons) when appropriate.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

6. Avoided, sidestepped, or changed the topic in an apparent effort to avoid conflict.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

7. Minimized, ignored, or denied potential problems.

<table>
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<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. Used good social skills (e.g., responsive to others, appropriate manners, engaging).

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. Was critical or blaming toward others not present.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix D

Acculturation Rating Scale for Mexican American

(English/Spanish Version)
**Acculturation Rating Scale — II (ARSMA-II)
Parent Version**

### English Version

<table>
<thead>
<tr>
<th>Name:</th>
<th>Versión en Español</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male:</td>
<td>Nombre:</td>
</tr>
<tr>
<td>Female:</td>
<td>Masculino:</td>
</tr>
<tr>
<td>Age:</td>
<td>Edad:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Da de Nacimiento:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Estado Civil:</td>
</tr>
<tr>
<td>What is your religion?</td>
<td>Cual es su religión?</td>
</tr>
</tbody>
</table>

(a) Last grade you completed in school:

(Circle your choice)

- 1 Elementary – 6
- 2 7 – 8
- 3 9 – 12
- 4 1 – 2 years of college
- 5 3 – 4 years of college
- 6 College graduate and higher

(b) In what country?  

[Circle the generation that best applies to you. Circle only one.]

- 1 1st generation = You were born in Mexico or other country.
- 2 2nd generation = You were born in USA; either parent born in Mexico or other country.
- 3 3rd generation = You were born in the USA, both parents born in USA and all grandparents born in Mexico or other country with remainder born in USA.
- 4 4th generation = You and your parents born in USA and at least one grandparent born in Mexico or other country with remainder born in USA.
- 5 5th generation = You and your parents born in the USA and all grandparents born in the USA.

---

(1) Hasta qué grado fue a la escuela?

(Indique con un círculo la respuesta)

1 Primaria – 6
2 Secundaria 7 – 8
3 Preparatoria 9 – 12
4 Universidad o Colegio 1 – 2 años
5 Universidad o Colegio 3 – 4 años
6 Graduado, o grado más alto de Colegio o Universidad

(3) En qué país?  

[Indique con un círculo el número de la generación que considere adecuada para usted. Dé solamente una respuesta.]  

1 1ª generación = Usted nació en México u otro país [no en los Estados Unidos (USA)].
2 2ª generación = Usted nació en los Estados Unidos Americanos (USA), sus padres nacieron en México o en otro país.
3 3ª generación = Usted nació en los Estados Unidos Americanos (USA), sus padres también nacieron en los Estados Unidos (USA) y sus abuelos nacieron en México o en otro país.
4 4ª generación = Usted nació en los Estados Unidos Americanos (USA), sus padres nacieron en los Estados Unidos Americanos (USA) y por lo menos uno de sus abuelos nacieron en México o algún otro país.
5 5ª generación = Usted y sus padres y todos sus abuelos nacieron en los Estados Unidos (USA).
## Acculturation Rating Scale - II (ARSMA-II)
### Parent Version

### SCALE:

[Circle a number between 1 – 5 next to each item that best applies.]

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at all</td>
<td>Very little or not very often</td>
<td>Moderately</td>
<td>Much or very often</td>
<td>Extremely often or almost always</td>
</tr>
</tbody>
</table>

1. I speak Spanish
2. I speak English
3. I enjoy speaking Spanish
4. I associate with Anglos
5. I associate with Mexicans and/or Mexican Americans
6. I enjoy listening to Spanish language music
7. I enjoy listening to English language music
8. I enjoy Spanish language TV
9. I enjoy English language TV
10. I enjoy English language movies
11. I enjoy Spanish language movies
12. I enjoy reading (e.g., books in Spanish)
13. I enjoy reading (e.g., books in English)

### [Marque con un círculo el número entre 1 y 5 a la respuesta que sea más adecuada para usted.]

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nada</td>
<td>Un poco</td>
<td>Moderado</td>
<td>Mucho o muy frecuente</td>
<td>Muchísimo o casi todo el tiempo</td>
</tr>
</tbody>
</table>

1. Yo hablo Español
2. Yo hablo Inglés
3. Me gusta hablar en Español
4. Me asocio con Anglos
5. Yo me asocio con Mexicanos o con Norte Americanos
6. Me gusta la música Mexicana (música en idioma Español)
7. Me gusta la música en idioma Inglés
8. Me gusta ver programas en la televisión que sean en Español
9. Me gusta ver programas en la televisión que sean en Inglés
10. Me gusta ver películas en Inglés
11. Me gusta ver películas en Español
12. Me gusta leer (por ej., libros en Español)
13. Me gusta leer (por ej., libros en Inglés)
### Acculturation Rating Scale – II (ARSMA-II)

#### Parent Version

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Very little/not very often</td>
<td>Moderately</td>
<td>Much or very often</td>
<td>Extremely often or almost always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nada</td>
<td>Un poco o a veces</td>
<td>Moderado</td>
<td>Mucho o muy frecuente</td>
<td>Muchísimo o casi todo el tiempo</td>
</tr>
</tbody>
</table>

14. I write (e.g., letters in Spanish) 1 2 3 4 5
15. I write (e.g., letters in English) 1 2 3 4 5
16. My thinking is done in the English language 1 2 3 4 5
17. My thinking is done in the Spanish language 1 2 3 4 5
18. My contact with Mexico has been 1 2 3 4 5
19. My contact with the USA has been 1 2 3 4 5
20. My father identifies or identified himself as “Mexicano” 1 2 3 4 5
21. My mother identifies or identified herself as “Mexicana” 1 2 3 4 5
22. My friends, while I was growing up, were of Mexican origin 1 2 3 4 5
23. My friends, while I was growing up, were of Anglo origin 1 2 3 4 5
24. My family cooks Mexican foods 1 2 3 4 5
25. My friends now are of Anglo origin 1 2 3 4 5
26. My friends now are of Mexican origin 1 2 3 4 5

14. Escribe (por ej., cartas en Inglés) 1 2 3 4 5
15. Escribe (por ej., cartas en Español) 1 2 3 4 5
16. Mis pensamientos ocurren en el idioma Inglés 1 2 3 4 5
17. Mis pensamientos ocurren en el idioma Español 1 2 3 4 5
18. Mi contacto con México ha sido 1 2 3 4 5
19. Mi contacto con los Estados Unidos Americanos ha sido 1 2 3 4 5
20. Mi padre se identifica (o se identificaba) como Mexicano 1 2 3 4 5
21. Mi madre se identifica (o se identificaba) como Mexicana 1 2 3 4 5
22. Mis amigo(as) de mi niñez eran de origen Mexicano 1 2 3 4 5
23. Mis amigo(as) de mi niñez eran de origen Anglo Americano 1 2 3 4 5
24. Mi familia cocina comidas mexicanas 1 2 3 4 5
25. Mis amigos recientes son Anglo Americanos 1 2 3 4 5
26. Mis amigos recientes son Mexicanos 1 2 3 4 5
### Acculturation Rating Scale – II (ARSMA-II)

**Parent Version**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Very little or not very often</td>
<td>Moderately</td>
<td>Much or very often</td>
<td>Extremely often or almost always</td>
</tr>
</tbody>
</table>

#### 27. I like to identify myself as an Anglo American

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

#### 28. I like to identify myself as a Mexican American

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

#### 29. I like to identify myself as a Mexican

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

#### 30. I like to identify myself as an American

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

#### 27. Me gusta identificarme como Anglo Americano

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

#### 28. Me gusta identificarme como Norte Americano* (Mexicano-Americano)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

#### 29. Me gusta identificarme como Mexicano

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

#### 30. Me gusta identificarme como un(a) Americano(a)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
Appendix E

Beauvais SES Scale (Spanish Version)
Beauvais SES Scale - Spanish Version

Su familia tiene suficiente dinero para …

<table>
<thead>
<tr>
<th>Comprar comida</th>
<th>Siempre</th>
<th>Casi Siempre</th>
<th>Algunas Veces</th>
<th>Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprar gasolina para el coche o camión</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pagar las cuentas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mantener la casa arreglada</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprar útiles escolares</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprar la ropa que necesita</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprar la ropa que quiere</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hacer cosas divertidas como ir al cine o comer en un restaurante</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprar regalos para Navidad y otras fechas especiales</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F

Beauvais SES Scale (English Version)
Beauvais SES Scale - English Version

You (or your family) have enough money to …

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Buy food</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>2.</td>
<td>Buy gas for the car</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3.</td>
<td>Pay bills</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>4.</td>
<td>Keep the house fixed up</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>5.</td>
<td>Buy school supplies</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>6.</td>
<td>Buy the clothes I need</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>7.</td>
<td>Buy the clothes I want</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>8.</td>
<td>Do fun things like eat at a restaurant or go to the movies</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>9.</td>
<td>Buy gifts for Christmas and other important holidays</td>
<td>Always</td>
<td>Often</td>
<td>Sometimes</td>
</tr>
</tbody>
</table>
Appendix G

Issues Checklist
Estamos interesados en los desacuerdos entre padres e y cuan difícil es hablar acerca de estos desacuerdos. Por favor lea la siguiente lista de problemas que otras familias han identificado y díganos cuan frustrante es esta área para usted y el niño que está participando en este estudio. N/A = No es apropiado a la edad de mi hijo, nunca ha sido un problema

<table>
<thead>
<tr>
<th>PROBLEMA</th>
<th>CUAN FRUSTRANTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>1. Acostarse a dormir</td>
<td>0</td>
</tr>
<tr>
<td>2. Limpiar el cuarto</td>
<td>0</td>
</tr>
<tr>
<td>3. Hacer las tareas escolares</td>
<td>0</td>
</tr>
<tr>
<td>4. Problemas con el teléfono</td>
<td>0</td>
</tr>
<tr>
<td>5. Usando el televisor</td>
<td>0</td>
</tr>
<tr>
<td>6. Limpieza (baños, duchas, etc.)</td>
<td>0</td>
</tr>
<tr>
<td>7. Que ropa ponerse</td>
<td>0</td>
</tr>
<tr>
<td>8. Hace mucho ruido en la casa</td>
<td>0</td>
</tr>
<tr>
<td>9. Modales en la mesa</td>
<td>0</td>
</tr>
<tr>
<td>10. Peleas con hermanos o hermanas</td>
<td>0</td>
</tr>
<tr>
<td>11. Uso de malas palabras</td>
<td>0</td>
</tr>
<tr>
<td>12. Compartir cosas o espacio con hermano(a)</td>
<td>0</td>
</tr>
<tr>
<td>13. Dinero (lo que le dan los padres, como gasta el dinero, como gana dinero)</td>
<td>0</td>
</tr>
<tr>
<td>14. Escoger libros, películas, videos, música</td>
<td>0</td>
</tr>
<tr>
<td>15. Tocar el estéreo o radio muy duro</td>
<td>0</td>
</tr>
<tr>
<td>16. Cuidar de sus cosas o animales</td>
<td>0</td>
</tr>
<tr>
<td>17. Quienes deben ser los amigos</td>
<td>0</td>
</tr>
<tr>
<td>18. Estar a tiempo (llegar a casa, llegar a la escuela, levantarse a tiempo)</td>
<td>0</td>
</tr>
<tr>
<td>19. Mentir</td>
<td>0</td>
</tr>
<tr>
<td>20. Ayudar en la casa y quehaceres</td>
<td>0</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>21. Le contesta o discute con los padres</td>
<td>0</td>
</tr>
<tr>
<td>22. Molesta a los padres cuando los padres quieren estar solos</td>
<td>0</td>
</tr>
<tr>
<td>23. Pone los pies en los muebles</td>
<td>0</td>
</tr>
<tr>
<td>24. Hace regueros en la casa</td>
<td>0</td>
</tr>
<tr>
<td>25. Comida u hora de comer (que come, cuando come, no se come toda la comida)</td>
<td>0</td>
</tr>
<tr>
<td>26. Lo que hace por su cuenta (como pasa el tiempo libre)</td>
<td>0</td>
</tr>
<tr>
<td>27. Usando o tomando cosas que no le pertenecen al niño</td>
<td>0</td>
</tr>
<tr>
<td>28. Mal comportamiento / actitud</td>
<td>0</td>
</tr>
<tr>
<td>29. Cuestiones de castigo</td>
<td>0</td>
</tr>
<tr>
<td>30. Asistir a eventos familiares</td>
<td>0</td>
</tr>
<tr>
<td>31. Computadora (uso inapropiado de la Internet, juegos de video)</td>
<td>0</td>
</tr>
<tr>
<td>32. Juegos violentos</td>
<td>0</td>
</tr>
<tr>
<td>33. Problemas académicos</td>
<td>0</td>
</tr>
</tbody>
</table>
ELIZA TORRES

9835 Fredericksburg Road Apt. #134
San Antonio, TX. 78240
(956)-793-4389
Eliza.Torres@aggiemail.usu.edu

EDUCATION

Ph.D. Clinical, Counseling, and School Psychology
Utah State University, Logan, UT.
Dissertation: Problem Solving in Latino Families
Chair: Melanie Domenech Rodriguez, Ph.D.
Thesis Project: Latino/a Children’s Academic Achievement: Role of Parental Variables.
Chair: Melanie Domenech Rodriguez, Ph.D.

M.A. Clinical Psychology
2003 University of Texas Pan-American, Edinburg, TX.

B.S. Psychology
2001 Texas A&M University, College Station, TX.

CLINICAL EXPERIENCE

2010-2011 Pre-Doctoral Intern, Clinical Practicum
Applied Psychology Group of Texoma, Sherman, TX.
Conduct neuro psychological assessments in inpatient and outpatient settings, psychological evaluations, as well as intakes, scoring, report writing, and behavioral observations. Provide individual counseling to children ages 5 to 18 that have experienced traumatic events such as physical/sexual abuse at the Children’s Advocacy Center and individual therapy to ethnic minorities with a focus on Latino mental health. Attend individual supervision meetings, group supervision, and didactic seminars weekly.
Supervisor: James R. Harrison, Ph.D
Hours: Total hours- 1500, Direct service hours- 1100

2008-2009 Student Therapist, Clinical Practicum (Multicultural focus)
Logan School District, Logan, UT.
Provided initial assessment, as well as individual and group counseling to ethnic minorities from the local high school. Intervention was the primary focus of working with the high school students. Provided outreach training to various classes and programs across campus. Attended biweekly individual supervision meetings. 
Supervisor: Melanie Domenech Rodríguez, Ph.D. 
Hours: Total hours- 300, Direct service hours- 81

2008-2009  
**Graduate Assistant**  
Utah Regional Leadership Education in Neurodevelopmental Disabilities Program (URLEND), Logan, UT. 
Provided services and support for children and youth with neurodevelopmental and related disabilities and their families. Participated at various clinical sites including pediatric feeding clinic, up to 3 clinic, social language group, genetics clinic, dental clinic, ASSERT and weekly didactic trainee seminars. 
Supervisor: Judith Holt, Ph.D.; Gretchen Gimpel Peacock, Ph.D.  
Hours: Total hours- 300, Direct service hours- 75

2007-2008  
**Student Therapist, Counseling Practicum**  
Utah State University Counseling Center, Logan, UT. 
Provided crisis response and initial assessment, as well as individual and group counseling to university students. Consulted with faculty, staff, and students on mental health issues. Provided psychoeducational outreach training to various classes and programs across campus. Attended a weekly group practica meeting. 
Supervisors: Mary Doty, Ph.D.; David Bush, Ph.D.; Mark Nafziger, Ph.D.  
Hours: Total hours- 274, Direct service hours- 94

2006-2008  
**Graduate Assistant**  
Bear River Head Start, Logan, UT. 
Provided initial assessment, as well as individual, marital, family and group counseling to a primary low income Spanish speaking clientele. Consulted with faculty and staff on mental health issues. Provided psychoeducational outreach training to teachers, staff and parents in the community (see below). 
Supervisors: David M. Stein, Ph.D.  
Hours: Total hours- 1260, Direct service hours- 655

2006-2007  
**Student Therapist, Child Practicum**  
Utah State University Psychology Community Clinic, Logan, UT. 
Provided initial assessment and individual psychotherapy to children and their parents with a primary focus on parent management training. Duties included LD and ADHD assessments, interpretation, and report writing.
Supervisor: Gretchen Gimpel Peacock, Ph.D.
Hours: Total hours- 270, Direct service hours- 75

2005-2006  
**Student Therapist, Clinical Practicum**
Utah State University Psychology Community Clinic, Logan, UT.
Provided initial assessment and individual psychotherapy to adults 18 and up. Conducted comprehensive evaluations and followed up with integrative reports.
Supervisor: Susan Crowley, Ph.D.
Hours: Total hours- 321, Direct service hours- 70.5

2003  
**Clinical Psychology Intern**
International and Multicultural Psychological Services, McAllen, TX.
Conducted comprehensive ADHD, LD, disability, and forensic evaluations and followed up with integrative reports.
Supervisor: Mary Elizabeth DeFerreire, Ph.D.
Hours: Total hours- 480, Direct service hours- 370

2003  
**Student Therapist, Clinical Practicum I & II**
University of Texas Pan-American Community Clinic, Edinburg, TX.
Provided initial assessment and individual psychotherapy to adults 18 and up. Conducted comprehensive evaluations and followed up with integrative reports.
Supervisor: Mark Weisner, Ph.D.
Hours: Total hours- 180, Direct service hours- 60

PROFESSIONAL EXPERIENCE

2003-2005  
**Clinical Assistant, Private Practice**
&  
International and Multicultural Psychological Services, McAllen, TX.
2009-2010  
Conducted comprehensive ADHD, LD, disability, and forensic evaluations and followed up with integrative reports.
Supervisor: Mary Elizabeth DeFerreire, Ph.D.
Hours: Total hours- 3120, Direct service hours- 1872

OUTREACH EXPERIENCE

2008  
**Counseling Center Alcohol Screening Day**
This was an outreach program designed to offer students information and feedback regarding their relationship with alcohol. It entailed meeting with students individually and making referrals to the Counseling or Student Health Center where appropriate.
2008  

**Counseling Center Anxiety Screening Day**  
This involved meeting with students individually to interpret results of screening measures such as the Beck Anxiety Inventory, to conduct a brief assessment of signs/symptoms of anxiety, and to make referrals to the Counseling or Student Health Center where appropriate.

2007  

**Stress Management Outreach**  
Provided Outreach as a co-presenter to an undergraduate class on the topic of Stress Management. This entailed a presentation defining stress, discussing its effects, and teaching/practicing stress management skills such as progressive muscle relaxation or guided imagery.

2007  

**Counseling Center Depression Screening Day**  
This entailed meeting with students individually to interpret results of screening measures such as the Beck Depression Inventory, to conduct a brief assessment of signs/symptoms of depression, and to make referrals to the Counseling or Student Health Center where appropriate.

2006  

**Positive Parenting Practices**  
Presenter at workshop designed for parents in the community by Bear River Head Start that focused on active listening and assertive communication.

**TEACHING EXPERIENCE**

2007  

**Externalizing Disorders in Children**  
Guest lecturer at workshop for teachers and staff at Bear River Head Start designed to educate them on behaviors associated with externalizing disorders in children.

2007  

**Assessing Problem Behaviors in Children**  
Guest lecturer/co-presenter at an orientation meeting set up for teachers and staff at Bear River Head Start to educate them on internalizing and externalizing disorders in children.

2007  

**Emotional and Behavioral Problems of Young Children: What can you do to help**  
Sole presenter at workshop for teachers and staff of child care connections, a division of Bear River Head Start focused on early head start children. Separation Anxiety Disorder, Childhood Depression, PTSD, ADHD, ODD, and conduct disorder were the focus of the workshop. Risk factors, treatments available and different activities that teachers and staff could do to support these children in the classroom were discussed.
PROFESSIONAL TRAINING

2006 Attendee, Becoming Multiculturally Competent by Dr. Teresa La Fromboise, Utah State University, Logan, Utah

2008 Attendee, Mindfulness-Based Cognitive Therapy by Dr. Mark Lau, Utah State University, Logan, Utah

2008 Attendee, WAIS-IV training by Amy Dilworth Gabel, Ph.D. Utah Association of School Psychologists, Salt Lake City, Utah

RESEARCH EXPERIENCE

2008-2009 Research Assistant
Utah State University, Logan, UT. “Smart Steps.” Worked on qualitative interviewing, data management, analyzing data using NVivo software, and creating articles focused on a stepfamily education program aimed at low-income European American and Latino stepfamilies
Supervisor: Linda Skogrand, Ph.D.

2005-2006 Research Assistant
Utah State University, Logan, UT. “Parenting Intervention for Spanish-speaking Latinos.” Worked on data collection process, assessment, recruitment, data management, behavioral observational coding, and parenting groups aimed at culturally adapting a parenting intervention program for Spanish speaking Latino families
Supervisor: Melanie Domenech Rodríguez, Ph.D.

2000 Research Assistant
Texas A&M University, College Station, TX. “Associative Tolerance to Nicotine Analgesia in the Rat: Tail-Flick and Hot Plate Tests.”
Supervisor: Antonio Cepeda-Benito, Ph.D.

MANUSCRIPTS


**PRESENTATIONS**


**PROFESSIONAL AFFILIATIONS**

2009-Pres.  
*Student member*, American Psychological Association.

2003-Pres.  
*Student Member*, Rio Grande Valley Psychological Association.

2008  
*Student Representative*, American Psychological Association Division 12 Awards Committee.

2006-Pres.  
*Student member*, National Latino Psychological Association.

2000-2001  
*Member*, Committee for the Awareness of Mexican American Culture, Texas A&M University.

1998-2001  
*Member*, Multicultural Greek Council, Texas A&M University.

**AWARDS**

2009  
American Psychological Association, Society of Counseling
Psychology, Section on Ethnic and Racial Diversity, Best Student Poster.

2009-2010 Utah State University, Graduate Student Senate, Dissertation Fellowship.

PERSONAL SKILLS

Language Skills • Fluent in English and Spanish